PUBLIC HEALTH COMMITTEE.

REPORT FOR 1956.

Although the final plans for the improvements of the facilities at the General Hospital have not, as yet, received the approval of the States, the Committee is happy to record that, during 1956, progress was made with the detailed planning of the proposed new extension.

In September, 1956, preliminary plans having been prepared, members of the Committee, accompanied by their technical advisers, attended a most helpful meeting at the Ministry of Health. At this meeting, it was stated that, whilst the Ministry laid down no hard and fast standards for hospital construction, the Committee's plans for the various departments were considered to be good and that, having regard to the limitations of the site, the best use appeared to have been made of the available space. Opportunity was also taken to visit St. Thomas' Hospital, where an entirely new twin operating theatre unit was seen.

A twin operating theatre was also inspected at St. Stephen's Hospital, Fulham. In this case, the unit had been in operation for some three years and the Theatre Sister was able to provide some useful observations on its operation. It was apparent, however, that the theatre accommodation proposed by the Committee, although of necessity restricted by site conditions, would, in fact, be far superior to that at St. Stephen's.

The Committee hopes that in its next Report it may be able to report the approval of this project.

In the meantime, both the Casualty and X-ray Departments are working under extremely difficult conditions which will only be alleviated by the provision of the urgently required additional accommodation.

The figures of attendances at the Casualty Department were 33,710, as against 34,106 for 1955, whilst the number of cases X-rayed increased from 9,835 in 1955 to 10,138 in 1956.

The increase in the number of attendances at the X-ray Department agrees very closely with the findings in all hospitals in England and, in this connexion, it is thought that the increase will continue for another year or two before reaching a steady level.

GENERAL HOSPITAL REPORTS.

The reports submitted to the Committee on the work of the various Departments at the General Hospital show that, in general, the figures of attendances at the various clinics tend to remain at a fairly constant level.

Medical Department.

Dr. Bentlif states that the most significant feature of the year was the increasing number of cases of diabetes.

The number of patients seen at the Medical and Dermatological Clinics during the past three years was as follows :—

	1956		1955		1954	
SKIN CLINIC						
Old patients ...	611		706		684	
New patients ...	206	817	286	992	249	933
MEDICAL CLINIC						
Old patients ...	628		635		568	
New patients ...	93	721	100	735	70	638

Medical Clinic.

Dr. R. O'Meara points out that, although the total number of patients seen is a little lower than in 1955, the number of new patients remains almost constant.

The total number of cases seen at this clinic over the past three years was as follows :—

1956	1955	1954
758 (including 99 new)	826 (including 81 new)	851 (including 92 new).

Surgical Department.

Mr. Halliwell and Mr. Birt report that the new anaesthetic arrangements, made at the beginning of 1956, whereby Dr. Maitland was appointed Consultant Anaesthetist to the Department and a Resident Anaesthetist was also appointed, have proved most successful and have had the effect of improving considerably the facilities for emergency anaesthetics.

They point out that, although there was a slight increase in the amount of surgical work undertaken during the year, the limitation in beds precludes any further increase, however, the only waiting list of any size is on the female surgical side. The problem of the care of elderly patients after an accident still remains but there is hope that this problem will be solved with the building of the new hospital extension and the consequent conversion of the present theatre into a female surgical ward.

Routine statistics are as follows :—

	1956	1955	1954
SURGICAL CLINICS			
Old patients	2,067	1,894	1,843
New patients	1,002	1,107	1,034
ORTHOPAEDIC CLINIC			
Old patients	1,634	1,452	1,416
New patients	444	429	431
OPERATIONS	1,176	1,015	974

Cardiac Clinic.

Dr. R. O'Meara reports that, in view of the rapid advances being made in cardiac surgery, it is necessary for each case to be most carefully assessed and, during the year, three adults suffering from mitral stenosis and one child of three with a Patent Ductus were successfully operated upon in England. In addition, a remarkable and rare case of a growth inside one of the chambers of the heart was discovered in a man of twenty-six. This patient was successfully operated upon under hypothermia by Mr. Chin at the Southampton Surgical Thoracic Unit and made history in being the first successful operation of this type ever performed. The same surgeon, a few months later, also successfully carried out, on an eighteen year old girl, another " first operation ", under hypothermia, to close an opening between two heart chambers. This patient was also referred from the Cardiac Clinic. Mr. Chin stated how remarkable it was that two " firsts " should come from such a small Island.

Coronary thrombosis remains a major cause of death, not only in the elderly but also in the middle aged and often at the height of the victim's career.

Patients seen at the clinic during the past three years were as follows :—

1956	1955	1954
598 (including 142 new)	651 (including 131 new)	504 (including 142 new).

Ear, Nose and Throat Department.

The work of this Department is well in hand and consequently there is no lengthy waiting list. In the opinion of Dr. L. L. Ratazzi, this is due largely to the fact that there was no outbreak of poliomyelitis during the year.

Statistics for the past three years are as follows :—

	1956	1955	1954
Number of attendances ..	1,235	1,352	1,321
Number of operations ...	298	294	313
Number of minor operations.	37	—	55

Children's Department.

Dr. H. L. Durell states that there were four deaths in the Department during 1956, two being from congenital abnormalities incompatible with life, and two from pneumonia. Fifteen children were sent to England for special investigation, three of them being sent over for electro-encephelography to establish the diagnosis of epilepsy.

	1956	1955	1954
Admissions to Ward	248	239	217
NUMBER SEEN IN CLINIC			
Old patients	374	296	278
New patients	74	63	63
	448	359	341

Psychiatric Clinic.

Dr. L. O'Meara makes the following points in connexion with the work of the Psychiatric Clinic during 1956.

Of the new patients, 53 were referred from the Medical and Surgical Wards.

145 patients were admitted to the Observation Ward, of whom 27 were certified, and 16 were discharged to England or France.

25 cases of attempted suicide were seen during the year, of which 14 were females and 11 were males.

10 patients were admitted with acute alcoholic poisoning.

Dr. Darling carried out 66 Intelligence Tests on children in the Child Guidance Clinic, and 3 Intelligence Tests on adults. Intelligence Quotients ranged from 33 to 164. Most of the children were referred on account of emotional maladjustment rather than intellectual defect. Children with Intelligence Quotients under 80 are not considered suitable for treatment in the Child Guidance Clinic.

DURATION OF STAY IN OBSERVATION WARD

48 hours or under	34
48 hours to 10 days	79
10 days to 20 days	20
20 days to 30 days	11
Over 30 days	1
	145

The Observation Ward was intended for emergency use only and the premises are quite unsuitable for long term stay, unfortunately, owing to the shortage of beds at St. Saviour's Hospital and the extreme difficulty of finding suitable accommodation for senile cases, many patients have to be kept in this ward for long periods,—in one case for 65 days.

In spite of the Boarding-Out and Home Help Schemes, the problem of the care of the aged sick remains acute. The numbers needing care grow yearly and, in view of the increasing expectation of life, are likely to continue so to do.

30 epileptics were seen at the Clinic, some of them children. Accurate diagnosis is essential and is not always easy. " Fits " are often the first sign of cerebral tumour or of other urgently operable brain condition. Electroencephalograms are a great help in differential diagnosis and several cases have had to be sent to England for this to be carried out. Doctors in charge of other Departments in the Hospital experience similar difficulties, and agree that the time has come when the General Hospital should possess such an apparatus.

Statistics on the work of the Department for the past three years are as follows :—

ATTENDANCES

	1956		1955		1954	
Adult Clinic.						
Old patients ...	1,693		1,450		1,657	
New patients...	220	1,913	220	1,670	192	1,849
Child Guidance Clinic.						
Old patients ...	390		265		276	
New patients...	49	439	34	299	56	332
General cases—mainly geriatric		106		81		—

Eye Department.

Dr. G. D. Harthan reports a steady increase in the number of minor operations performed in the Out-patient Department, whilst the number of attendances of old chronic patients has been steadily reduced. This has resulted in more time becoming available for the investigation of new cases.

The Orthoptic Clinic continues to work to capacity and Dr. Harthan reports that good results are being obtained with the adults as well as with the children.

Statistics on the work of the Clinic are as follows :

	1956		1955	
Eye Clinic.				
Old patients	1,745		1,775	
New patients	674	2,419	731	2,506
Orthoptic Clinic.				
Old patients	722		811	
New patients	97	819	71	882
Number of operations	64		—	
Number of minor operations ...	135	199	—	—

X-ray Department.

Dr. P. A. W. Lea only commenced his duties as radiologist on 1st January, 1957, and therefore the report on this Department is based on the notes left by the former radiologist, Dr. J. B. Hearn, whose resignation took effect at the end of September. The Committee wishes to express its thanks to Dr. T. Warrington who very kindly took over the duties of radiologist during the period 1st October to 31st December, and also for the very welcome assistance of Sir Harold Graham Hodgson, K.C.V.O. during the temporary absence of Dr. Hearn from 19th March to 9th April.

The decision to appoint a full time secretary has proved to be well justified, whilst the new Watson X-ray table which was installed at the beginning of 1956 has proved most satisfactory.

Statistics for the past three years are as follows :—

	1956	1955	1954
Number of cases X-rayed	10,138	9,835	8,813
Attendances for superficial X-ray Therapy treatment	122	96	489

Venereal Disease Clinic.

Number of attendances—

	1956			1955			1954		
	Old	New	Total	Old	New	Total	Old	New	Total
Male ...	121	15	136	104	34	138	137	12	149
Female..	95	2	97	58	6	64	51	5	56

As will be seen from the figures of new attendances, this Clinic has now virtually ceased to function.

Casualty Department.

Mr. St. John Birt refers to the fact that attendances at this Department during 1956 were approximately the same as for 1955 and expresses the opion that, after the great increase in the work during the last ten years, attendances now appear to be reaching a constant level at nearly double the figures for 1946.

Although certain minor improvements have been made in the Department further changes must, of necessity, await the improved accommodation which will be provided by the new building.

NUMBER OF ATTENDANCES—

	1956	1955	1946
Casualty	33,710	34,106	18,938
Out-patients ...	36,148	38,351	33,910

Dental Department.

Mr. A. S. Swain reports that twenty of the Island's schools were visited during the year and that, of the 3,756 children examined, 1,394 were advised to attend for treatment and 876 actually did so.

The number of fillings for children shows an increase of almost 100 over 1955 whilst the extractions show a small decrease.

In addition to the routine work, there were eight cases of acute ulcerative gingivitis and six cases of fractures of the mandible. This last figure is the highest for many years.

Overdale Hospital was visited when requested and the weekly clinic at St. Saviour's Hospital was held.

Statistics for the past three years are as follows :—

	1956	1955	1954
Total attendances at Clinic	2,762	2,736	2,683
Adult attendances for extractions under anæsthetic	617	532	643
Child attendances for extractions under anæsthetic	1,252	1,283	1,310
Fillings for children	904	815	543
Children dentally examined at School	3,756	3,763	3,436
Number of children found to be in need of treatment	1,394	1,377	909
Number who attended Clinic	876	963	776

Pharmacy Department.

The Chief Pharmacist reports an increase in the output of all sections of his Department except in the section dealing with sterile products, this being due to the fact that the technician in charge of this section left and was not directly replaced. Her successor is now more advantageously employed in dispensing and many sterile preparations are now purchased.

The number of drugs issued at a reduced rate has again doubled. The opinion is, however, expressed that, whilst the scheme appears to fulfil a real need, some curtailment in the widening variety of drugs and preparations called for will be necessary if the cost, and work, involved is not to become excessive.

The Chief Pharmacist refers to the alterations undertaken in the Department which have had the effect of solving, for the time being, the problem of the efficient storing of stock, and states that the open reception counter appears to be very popular with patients.

The value of the cortisone preparations used during the year increased to £3,200 and it is noted with interest that £1,031 of this amount was for the purchase of hydrocortisone powder to make ointments and lotions which would have cost £1,600 had the equivalent quantity of branded prescriptions been purchased ready made.

It is estimated that over 1,000 out-patient prescriptions for severe sunburn were dispensed at an average cost of 3/6 each and, since it can be presumed that a very much larger number than this were not driven to seek hospital treatment, the total number of visitors who have two or three days of a holiday spoiled must be great enough to warrant an authoritative lead in the matter of sunbathing.

The Department has commenced the issue and servicing of Medresco Hearing Aids, a welcome addition to the range of services undertaken by the Committee. It is expected that the turnover will be considerable when the service becomes more widely known.

	1956	1955	1954
Number of issues to wards and departments	41,066	36,769	36,638
Dangerous drugs issued to wards and out-patients	605	490	556
Surgical sundries issued	9,661	8,384	8,325
Surgical instrument repairs handled	561	398	403
Intravenous infusions, injections, etc. prepared...	3,140	4,944	3,981
Syringes, batches of hypo. needles, special instrument sterilisations ...	8,100	8,456	7,104
Outpatient prescriptions (including N.H.S., Overdale and 2,919 pink prescriptions)...	23,802	18,016	13,189
Sales to individuals, priced issues to other Hospitals and States Institutions, etc.	3,380	3,076	3,158
Gas and oxygen cylinders issued ...	1,036	887	845

Pharmacy, Poisons and Medicines (Jersey) Law, 1952.

The Chief Pharmacist, who undertakes the duties of Inspector under this Law, reports as follows :—

	1956	1955	1954
Visits to chemists, seedsmen, hairdressers and drug stores	57	49	47
Visits to grocers and general stores...	76	82	124
Authorization for purchase of strychnine	93	69	58
Test purchases made	3	34	—

Pathological Laboratory.

Dr. E. Geal reports that 1956 showed the expected increase in the number of investigations carried out, —17,468 as against 15,639 for 1955. He points out that, on figures alone, the work of the laboratory has doubled in the last seven years and that this does not take into account the increase in the complexity of the work.

Although not normally laboratory work, the amount of blood supplied by the laboratory has increased several times in the past three to four years and, in connexion with blood transfusion, a heavy burden of night work has had to be undertaken by the staff. Steps have now been taken to meet this by the recruitment of a trainee transfusion technician who will eventually, it is hoped, largely take over the emergency transfusion work.

Plans have been made to transfer the Chemical Department to the proposed new building and to bring the blood transfusion into the main laboratory building. This will have the effect of bringing all departments virtually under one roof.

	1956	1955	1954
Total number of examinations performed	17,468	15,639	14,216

Chaplain's Report.

The Reverend T. E. Fowler, in submitting his report for 1956, thanks the Matron and Staff of the General Hospital for their ready co-operation and also the Reverend Rider for his help with the Sunday services. He states that the work has been made much easier by the friendly and happy atmosphere which exists in the Wards and that he considers it a great privilege to have been able to minister to so many people during the year. Patients have frequently expressed to him their appreciation of the work of the nurses and the attention they receive.

In connexion with Overdale Hospital the Reverend Fowler states that the departure of Miss Bennett, Occupational Therapist, and the consequent cessation of the instruction in handicrafts was keenly felt by the male patients and he expresses the hope that this work will recommence soon. The problem of the lack of a room where those who wish to may find some privacy is again stressed. Hospital patients must inevitably ' live in public ' and, whilst this is no great difficulty at the General Hospital where their stay is usually of short duration, at Overdale, where the treatment may last from six to twelve months, some patients are acutely aware of this lack of privacy.

Statistics :—

	General Hospital		Overdale Hospital	
Communicants ...	Staff	232	Patients	27
	Patients	206		
Baptisms		9		—
Burials		3		—

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR 1956.

I have the honour to present the Annual Report on the health of the Island of Jersey for the year 1956.

GENERAL STATISTICS.

Area (acres)	28,717
Population (estimated mid-year)	57,239
Number of persons per acre	2
Marriage rate per 1,000 estimated population	19.0
Birth rate per 1,000 estimated population ...	14.3
Death rate per 1,000 estimated population ...	12.9
Comparability factor	0.87
Standardised death rate	11.2
Infant mortality rate per 1,000 live births ...	18.3
Neo-natal mortality rate per 1,000 live births..	12.2
Still-birth rate per 1,000 total (live and still) births	19.1
Maternal mortality rate per 1,000 total (live and still) births	1.2
Malignant disease (Cancer) (all forms mortality rate per 1,000 estimated population ...	2.2
Tuberculosis (all forms) mortality rate per 1,000 estimated population	0.09

THE POPULATION.

The estimated mid-year population was 57,239. Owing to the increase in the birth rate we have left this figure, the same as last year, though we are still of opinion that the resident population is slowly falling.

It is interesting to speculate on the emigration from, and immigration to, Jersey. We find that we lose nearly 200 children every year under school leaving age. Thus, we find that the number of children at school aged 6—10 years inclusive, on 31st July, 1956, was 3,995. Judging from the number of children born in the years 1946—1950 we should have had 4,552 children aged 6—10 years at school on that date, after allowing for known deaths. This means that just over 500 children out of these five age groups left the island during a period averaging 8 years in length.

Again, if we take the school population in 1955 in the eight age groups 6—13, and compare it with the population aged 7—14 in 1956 we find that we lost just over 100 children out of these eight age groups in 12 months.

Government Office have supplied me with figures of those applying for passports 1st January, 1956 to 31st May, 1957. There were 121 adults and 41 children. These figures are far from complete as those emigrating to New Zealand on assisted passage do not require passports; many already have passports and those leaving for England of course, do not need them. The figures, however, do give us the proportion of adults to children as 3 to 1. If we assume that the same proportion of adults to children holds with the children who have disappeared from our schools, we get an overall emigration of nearly 800 persons a year.

As our population is not falling at that speed, there must be a compensating immigration which will contain some young adults and children, a large number of retired folks, and a percentage of Alien Labour who stay and become permanent inhabitants.

This probably involves a tendency to become top-heavy; too many old and retired and too few workers. Admittedly there is a considerable measure of speculation in this, but the speculation is based on known facts.

THE MARRIAGE RATE.

There were 544 marriages during 1956 giving a marriage rate (or persons married per 1,000 estimated population) of 19.0 as against 17.2 last year.

THE BIRTH RATE.

820 live births were registered during the year, giving a birth rate of 14.3 per 1,000 estimated population. There were 736 births in 1955 when the rate was 12.9.

THE DEATH RATE.

The total number of deaths registered was 740,—393 males and 347 females,—giving a crude death rate of 12.9 per 1,000 estimated population. Deaths during 1955 numbered 736 when the rate was 12.6. Jersey has a high average, this tends to raise our crude mortality.

The comparability figure, when multiplied by the crude death rate gives the death rate we would have had if the age and sex distribution was the same as that of England and Wales as a whole.

In our case the figure is less than unity and gives a standardised death rate less than the crude.

The percentage of total deaths occurring at ages 65 and upward was 69.5 : at ages 75 and upward 45.0. The average age at death was 66 for males and 72 for females.

TABLE I.

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age : latest available year, 1956.

List No. (1)	Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2)	MALE																		
		All ages (3)	Under 1 year (4)	1—4 years (5)	5—9 years (6)	10—14 years (7)	15—19 years (8)	20—24 years (9)	25—29 years (10)	30—34 years (11)	35—39 years (12)	40—44 years (13)	45—49 years (14)	50—54 years (15)	55—59 years (16)	60—64 years (17)	65—69 years (18)	70—74 years (19)	75 years and over (20)	Age not stated (21)
	All causes	393	10	—	1	1	1	5	2	5	7	7	15	22	26	37	49	63	142	—
1	Tuberculosis of respiratory system	3	—	—	—	—	—	—	1	—	—	—	1	1	—	—	—	—	—	—
2	Tuberculosis, other forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	Syphilis and its sequelae	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	Dysentery, all forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Scarlet fever and streptococcal sore throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13	Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15	Typhus and other rickettsial diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16	Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	75	—	—	—	—	—	1	—	1	2	2	4	7	7	8	11	11	21	—
19	Benign and unspecified neoplasms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20	Diabetes mellitus	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—
21	Anaemias	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—
22	Vascular lesions affecting central nervous system	32	—	—	—	—	—	1	—	—	—	—	1	1	2	5	5	5	12	—
23	Nonmeningococcal meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24	Rheumatic fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25	Chronic rheumatic heart disease	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—
26	Arteriosclerotic and degenerative heart disease	78	—	—	—	—	—	—	—	—	1	1	2	6	3	8	12	16	29	—
27	Other diseases of heart	17	—	—	—	—	—	—	—	—	—	—	—	1	1	2	1	4	8	—
28	Hypertension with heart disease	9	—	—	—	—	—	—	—	—	—	—	—	—	1	—	4	2	2	—
29	Hypertension without mention of heart	4	—	—	—	—	—	—	—	—	—	—	—	1	2	—	1	—	—	—
30	Influenza	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	5	—
31	Pneumonia	25	1	—	—	—	—	—	—	—	—	1	—	1	1	1	3	7	10	—
32	Bronchitis	21	—	—	1	—	—	—	—	—	—	—	—	—	2	4	3	4	7	—
33	Ulcer of stomach and duodenum	7	—	—	—	—	—	—	—	—	—	1	1	—	1	—	—	1	3	—
34	Appendicitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35	Intestinal obstruction and hernia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
36	Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn	2	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—
37	Cirrhosis of liver	7	—	—	—	—	—	—	—	—	1	1	1	1	2	—	1	—	—	—
38	Nephritis and nephrosis	5	—	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	3	—
39	Hyperplasia of prostate	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	3	—
40	Complications of pregnancy, childbirth and the puerperium																			
41	Congenital malformations	2	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—
42	Birth injuries, postnatal asphyxia and atelectasis	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
43	Infections of the newborn	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
44	Other diseases peculiar to early infancy, and immaturity unqualified	5	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45	Senility without mention of psychosis, ill-defined and unknown causes	33	—	—	—	—	—	—	—	—	—	—	—	—	1	1	2	2	27	—
46	All other diseases (Residual)	25	—	—	—	—	1	—	1	—	—	—	2	1	1	5	5	5	4	—
47	Motor vehicle accidents	5	—	—	—	—	—	1	—	2	—	—	—	—	—	—	—	—	2	—
48	All other accidents	11	—	—	—	1	—	—	—	1	1	—	—	1	1	2	1	2	1	—
49	Suicide and self-inflicted injury	10	—	—	—	—	—	2	—	1	1	1	1	—	1	—	—	1	2	—
50	Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE I (*continued*).

Deaths (exclusive of foetal deaths) cross-classified by cause, sex and age: latest available year, 1956.

List No. (1)	Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2)	FEMALE All ages (3)	Under 1 year (4)	1—4 years (5)	5—9 years (6)	10—14 years (7)	15—19 years (8)	20—24 years (9)	25—29 years (10)	30—34 years (11)	35—39 years (12)	40—44 years (13)	45—49 years (14)	50—54 years (15)	55—59 years (16)	60—64 years (17)	65—69 years (18)	70—74 years (19)	75 years and over (20)	Age not stated (21)
	All causes	347	5	2	1	1	2	—	3	2	4	7	13	10	15	20	22	47	191	2
1	Tuberculosis of respiratory system	2	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—
2	Tuberculosis, other forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3	Syphilis and its sequelae	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4	Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	Dysentery, all forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Scarlet fever and streptococeal sore throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13	Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	Measles	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15	Typhus and other rickettsial diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16	Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	Other infective and parasitic diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	49	—	—	—	—	—	—	—	—	2	3	4	2	6	5	5	7	15	—
19	Benign and unspecified neoplasms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20	Diabetes mellitus	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	4	—
21	Anaemias	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—
22	Vascular lesions affecting central nervous system	51	—	—	—	—	—	—	—	—	—	1	—	2	1	2	4	8	33	—
23	Nonmeningococcal meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24	Rheumatic fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
25	Chronic rheumatic heart disease	2	—	—	—	—	—	—	—	—		—	—	—	1	—	—	—	1	—
26	Arteriosclerotic and degenerative heart disease	64	—	—	—	—	—	—	—	—	—	—	1	2	3	2	3	12	41	—
27	Other diseases of heart	16	—	—	—	—	—	—	—	—	—	—	1	—	1	1	1	2	10	—
28	Hypertension with heart disease	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	2	8	—
29	Hypertension without mention of heart	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—
30	Influenza	3	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	2	—
31	Pneumonia	17	1	—	—	—	—	—	—	—	—	—	1	—	—	2	—	3	10	—
32	Bronchitis	13	—	—	—	—	—	—	—	—	—	—	—	—	—	2	2	—	9	—
33	Ulcer of stomach and duodenum	2	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—
34	Appendicitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
35	Intestinal obstruction and hernia	7	—	—	—	—	—	—	—	1	—	—	3	—	—	—	—	—	3	—
36	Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	2	—
37	Cirrhosis of liver	3	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	1	—
38	Nephritis and nephrosis	8	—	—	—	—	—	—	—	—	—	—	—	—	—	3	—	—	5	—
39	Hyperplasia of prostate																			
40	Complications of pregnancy, childbirth and the puerperium	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—
41	Congenital malformations	5	3	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
42	Birth injuries, postnatal asphyxia and atelectasis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
43	Infections of the newborn	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
44	Other diseases peculiar to early infancy, and immaturity unqualified	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
45	Senility without mention of psychosis, ill-defined and unknown causes	31	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	26	2
46	All other diseases (Residual)	22	—	—	—	—	—	—	2	—	—	1	—	1	—	1	3	3	11	—
47	Motor vehicle accidents	4	—	—	1	—	—	—	1	—	—	—	1	—	—	—	—	1	—	—
48	All other accidents	13	—	1	—	1	1	—	—	—	—	—	—	—	—	1	—	2	7	—
49	Suicide and self-inflicted injury	7	—	—	—	—	—	—	—	—	2	—	2	1	2	—	—	—	—	—
50	Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE 2.

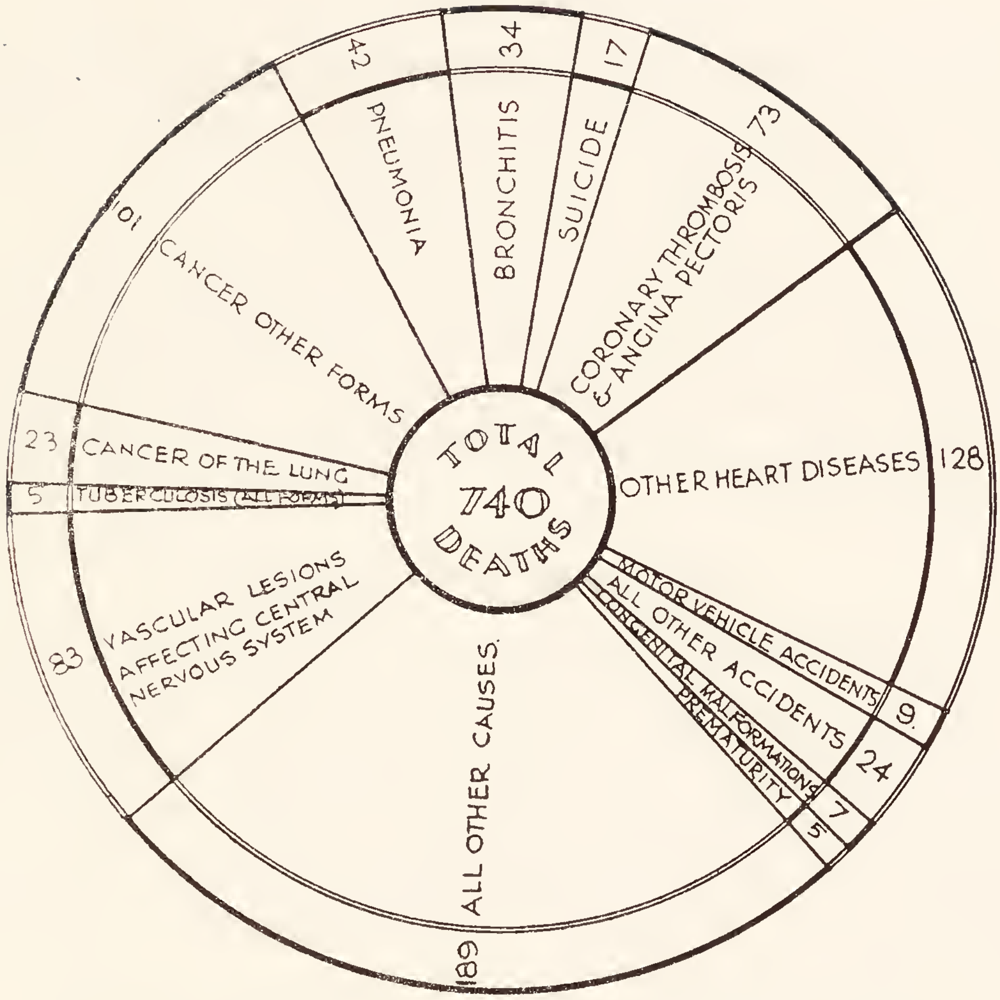
Deaths (exclusive of foetal deaths) cross-classified by cause and sex : latest available years, 1952 to 1956.

List No. (1)	Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death). (2)	1952			1953			1954			1955			1956		
		Both sexes (3)	Male (4)	Female (5)	Both sexes (6)	Male (7)	Female (8)	Both sexes (9)	Male (10)	Female (11)	Both sexes (12)	Male (13)	Female (14)	Both sexes (15)	Male (16)	Female (17)
	All causes	667	341	326	726	381	345	734	377	357	720	354	366	740	393	347
1	Tuberculosis of respiratory system	13	8	5	10	9	1	17	11	6	6	4	2	5	3	2
2	Tuberculosis, other forms	2	1	1	1	1	—	—	—	—	1	—	1	—	—	—
3	Syphilis and its sequelae	1	1	—	1	1	—	1	—	1	6	1	5	—	—	—
4	Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
5	Cholera	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6	Dysentery, all forms	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7	Scarlet fever and streptococcal sore throat	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8	Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9	Whooping cough	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10	Meningococcal infections	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11	Plague	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12	Acute poliomyelitis	—	—	—	—	—	—	—	—	—	2	1	1	—	—	—
13	Smallpox	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
14	Measles	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—
15	Typhus and other rickettsial diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
16	Malaria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17	Other infective and parasitic diseases	4	1	3	2	2	—	3	1	2	3	1	2	—	—	—
18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	138	62	76	133	68	65	142	63	79	144	64	80	124	75	49
19	Benign and unspecified neoplasms	1	—	1	1	1	—	—	—	—	2	2	—	—	—	—
20	Diabetes mellitus	4	—	4	7	3	4	3	2	1	6	3	3	7	2	5
21	Anaemias	4	1	3	4	—	4	4	3	1	4	1	3	5	2	3
22	Vascular lesions affecting central nervous system	84	39	45	105	46	59	102	42	60	78	29	49	83	32	51
23	Nonmeningococcal meningitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
24	Rheumatic fever	—	—	—	—	—	—	2	—	2	—	—	—	—	—	—
25	Chronic rheumatic heart disease	—	—	—	—	—	—	—	—	—	12	6	6	3	1	2
26	Arteriosclerotic and degenerative heart disease	150	73	77	186	100	86	178	103	75	133	72	61	142	78	64
27	Other diseases of heart	1	1	—	2	1	1	7	6	1	19	11	8	33	17	16
28	Hypertension with heart disease	14	6	8	21	12	9	32	19	13	24	10	14	23	9	14
29	Hypertension without mention of heart	2	1	1	1	—	1	1	1	—	5	4	1	5	4	1
30	Influenza	1	1	—	9	5	4	2	1	1	2	1	1	9	6	3
31	Pneumonia	29	15	14	43	26	17	43	21	22	33	16	17	42	25	17
32	Bronchitis	21	13	8	36	23	13	20	15	5	14	9	5	34	21	13
33	Ulcer of stomach and duodenum	6	5	1	6	6	—	11	10	1	7	7	—	9	7	2
34	Appendicitis	3	—	3	1	1	—	—	—	—	—	—	—	—	—	—
35	Intestinal obstruction and hernia	7	4	3	4	2	2	2	—	2	4	2	2	7	—	7
36	Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn	3	2	1	2	—	2	2	1	1	7	4	3	5	2	3
37	Cirrhosis of liver	8	7	1	3	—	3	1	—	1	5	3	2	10	7	3
38	Nephritis and nephrosis	16	8	8	12	5	7	17	7	10	12	6	6	13	5	8
39	Hyperplasia of prostate	8	8	▨	6	6	▨	5	5	▨	4	4	▨	4	4	▨
40	Complications of pregnancy, childbirth and the puerperium	1	▨	1	—	▨	—	—	▨	—	1	▨	1	1	▨	1
41	Congenital malformations	1	1	—	—	—	—	—	—	—	9	3	6	7	2	5
42	Birth injuries, postnatal asphyxia and atelectasis	—	—	—	—	—	—	—	—	—	1	1	—	2	2	—
43	Infections of the newborn	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
44	Other diseases peculiar to early infancy, and immaturity unqualified	14	8	6	13	8	5	20	10	10	16	6	10	6	5	1
45	Senility without mention of psychosis, ill-defined and unknown causes	45	15	30	49	16	33	61	21	40	57	21	36	64	33	31
46	All other diseases (Residual)	43	26	17	35	14	21	38	22	16	61	33	28	47	25	22
47	Motor vehicle accidents	8	7	1	8	7	1	2	2	—	5	5	—	9	5	4
48	All other accidents	17	10	7	19	14	5	8	6	2	22	15	7	24	11	13
49	Suicide and self-inflicted injury	18	17	1	6	4	2	10	5	5	14	9	5	17	10	7
50	Homicide and operations of war	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—

TABLE 3.

Deaths (exclusive of foetal deaths) cross-classified by cause and type of certification: latest available year, 1956.

List No. (1)	Abbreviated List of 50 Causes for Tabulation of Mortality (Sixth (1948) Revision of the International Lists of Diseases and Causes of Death) (2)	Type of Certification: Total (3)	Medical (4)	Other (5)	Not Stated (6)
	All causes	740	689	50	1
1	Tuberculosis of respiratory system	5	5	—	—
2	Tuberculosis, other forms	—	—	—	—
3	Syphilis and its sequelae	—	—	—	—
4	Typhoid fever	—	—	—	—
5	Cholera	—	—	—	—
6	Dysentery, all forms	—	—	—	—
7	Scarlet fever and streptococcal sore throat	—	—	—	—
8	Diphtheria	—	—	—	—
9	Whooping cough	—	—	—	—
10	Meningococcal infections	—	—	—	—
11	Plague	—	—	—	—
12	Acute poliomyelitis	—	—	—	—
13	Smallpox	—	—	—	—
14	Measles	—	—	—	—
15	Typhus and other rickettsial diseases	—	—	—	—
16	Malaria	—	—	—	—
17	Other infective and parasitic diseases	—	—	—	—
18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues	124	124	—	—
19	Benign and unspecified neoplasms	—	—	—	—
20	Diabetes mellitus	7	7	—	—
21	Anaemias	5	5	—	—
22	Vascular lesions affecting central nervous system	83	83	—	—
23	Nonmeningococcal meningitis	—	—	—	—
24	Rheumatic fever	—	—	—	—
25	Chronic rheumatic heart disease	3	3	—	—
26	Arteriosclerotic and degenerative heart disease	142	141	1	—
27	Other diseases of heart	33	32	1	—
28	Hypertension with heart disease	23	23	—	—
29	Hypertension without mention of heart	5	5	—	—
30	Influenza	9	9	—	—
31	Pneumonia	42	42	—	—
32	Bronchitis	34	34	—	—
33	Ulcer of stomach and duodenum	9	9	—	—
34	Appendicitis	—	—	—	—
35	Intestinal obstruction and hernia	7	7	—	—
36	Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn	5	5	—	—
37	Cirrhosis of liver	10	10	—	—
38	Nephritis and nephrosis	13	13	—	—
39	Hyperplasia of prostate	4	4	—	—
40	Complications of pregnancy, childbirth and the puerperium	1	1	—	—
41	Congenital malformations	7	7	—	—
42	Birth injuries, postnatal asphyxia and atelectasis	2	2	—	—
43	Infections of the newborn	—	—	—	—
44	Other diseases peculiar to early infancy, and immaturity unqualified	6	6	—	—
45	Senility without mention of psychosis, ill-defined and unknown causes	64	63	—	1
46	All other diseases (Residual)	47	45	2	—
47	Motor vehicle accidents	9	—	9	—
48	All other accidents	24	4	20	—
49	Suicide and self-inflicted injury	17	—	17	—
50	Homicide and operations of war	—	—	—	—



INFANT MORTALITY AND STILLBIRTHS.

During the first year of life, 15 children died, giving an infant mortality of 18.3 per 1,000 live births the lowest so far recorded in Jersey. Last year the rate was 34.0 per 1,000 live births. The first recorded figure was in 1913 when the rate was 115.1. The deaths during 1956 were distributed as follows :

Under 7 days	9
7—28 days	1
28 days to 3 months	3
3 months to 1 year...	2

The neo-natal deaths, or deaths within the first four weeks of life numbered 10, or 66.6% of the deaths in the first year. Of these deaths, 5 or 50% were attributed to prematurity.

Recorded stillbirths numbered 16, a rate of 19.1 per 1,000 total (live and still) births, compared with 18.7 last year.

MATERNAL MORTALITY.

One mother died because of childbirth during 1956. The maternal mortality rate was therefore 1.2 per 1,000 (live and still) births.

MOTOR VEHICLE ACCIDENTS.

Nine persons (5 males and 4 females) died as a result of motor vehicle accidents. The average age was 45. Three of these deaths occurred at ages 70 and upwards.

ALL OTHER ACCIDENTS.

A total of 24 persons (11 males and 13 females) died from other accidents during the year as against 22 in 1955 and 8 in 1954. Of the 24 deaths, 6 were due to coal gas poisoning and 4 to drowning. The average age was 60, the youngest was 12 and the oldest 93. 9 or 37·5% of these deaths occurred at ages 75 and upwards.

SUICIDES.

There were 17 deaths from suicide during the year, 10 males and 7 females. Last year there were 14 suicides. Coal gas was used in 7 cases, four resorted to shooting, three to hanging, 2 cut their throat and one took an overdose of sleeping tablets. The average age was 48. The youngest was 21 and the oldest 79.

CANCER.

During 1956, 124 people (75 males and 49 females) died of malignant tumours in Jersey. This gives a rate of 220 per 100,000 as against 250 last year. These deaths constituted 16.8% of all deaths. The average age of death from cancer was 65 for males and 66 for females.

Cancer of the lung caused 23 deaths (17 males and 6 females). The average age at death was 62 for males and 65 for females. They constituted 18.5% of all deaths from malignant tumours and 3.1% of the total deaths.

TUBERCULOSIS.

During 1956, 5 persons (3 males and 2 females) died of tuberculosis. They were all respiratory cases. The death rate is therefore 0.09 per thousand, the lowest so far recorded in Jersey. The average age at death was 42 for males and 56 for females. They constituted 0.67% of all deaths.

TUBERCULOSIS MORTALITY RATES.

1932—1956 INCLUSIVE.

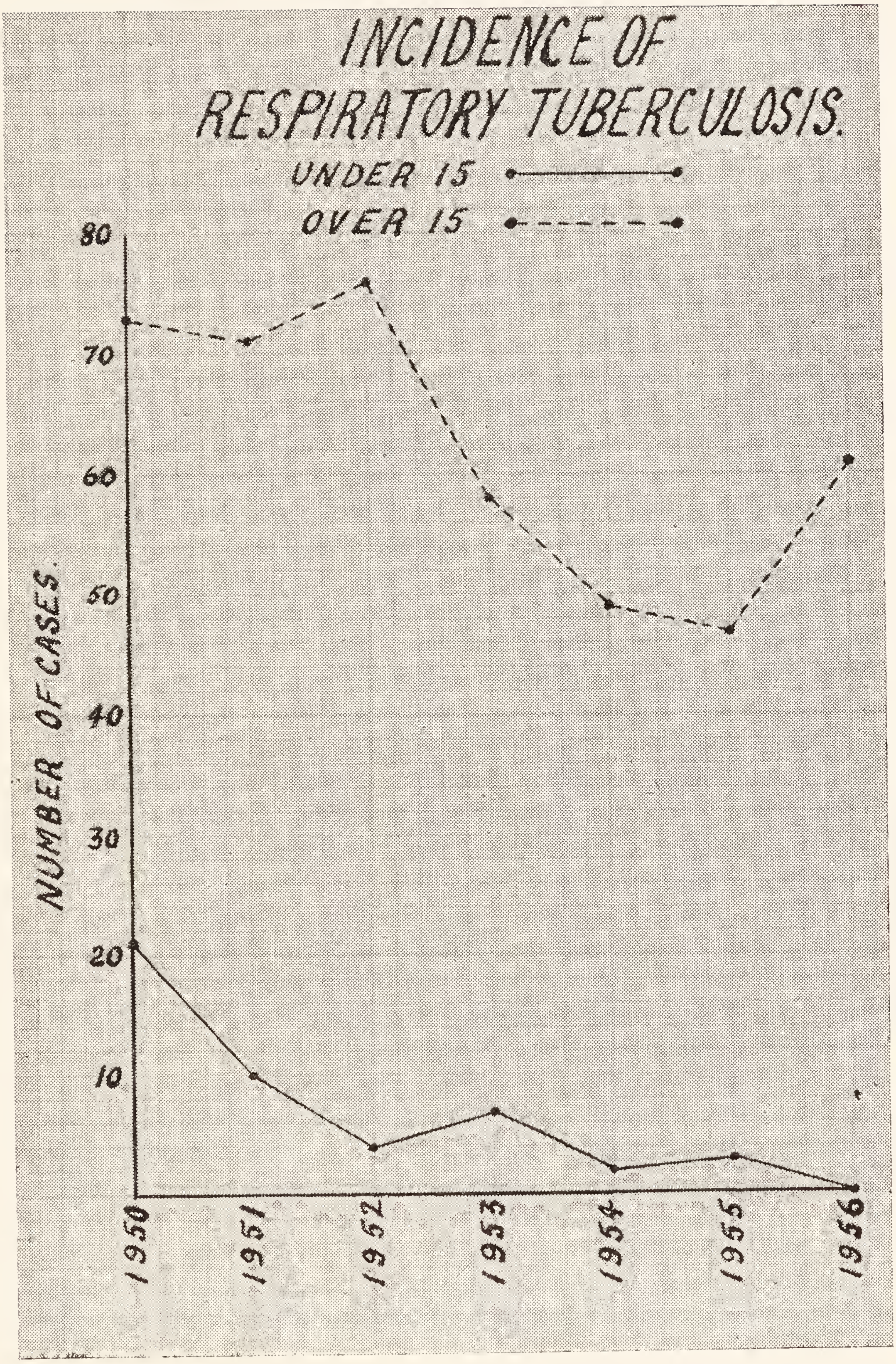
	RESPIRATORY TUBERCULOSIS		OTHER FORMS	
Year.	No. of deaths.	Rate per 100,000	No. of deaths	Rate per 100,000
1932	34	67	8	16
1933	41	81	8	16
1934	51	100	8	16
1935	29	57	8	16
1936	42	83	17	33
1937	28	55	6	12
1938	26	51	4	8
1939	26	51	5	10
1940	46	112	3	7
1941	46	111	7	17
1942	48	118	4	10
1943	47	120	9	23
1944	42	108	6	15
1945	31	77	6	15
1946	24	48	3	6
1947	41	76	7	13
1948	39	68	1	2
1949	30	52	—	—
1950	19	33	—	—
1951	19	33	3	5
1952	13	22	2	3
1953	10	17	1	2
1954	17	29	—	—
1955	6	10	1	2
1956	5	9	—	—

During the year, 81 cases were notified but 20 of these were transfers from other areas so our local incidence was 61, a rate of 106 per 100,000. This is a definite rise in the notification rate and is due not to any increase in the disease but to our increased efforts in case finding by mass miniature radiography, contact examination, etc.

Of the 61 cases, 38 were classified as " early " or " minimal " falling into categories A1 and 2. The sex ratio in this group was 1.25 females to one male and the average age, 30 for females and 36 for males. Of the other cases, 21 were classified as advanced or very advanced (categories B2 and B3). Amongst these there were 3 males to 1 female and the average age was 34 for males and 23 for females.

This preponderance of severe cases amongst older males is very characteristic of present day tuberculosis. Of the 81 cases notified during the year, 51 were found by mass miniature radiography, but, of these, 10 were recent arrivals on the island and cannot be accepted as local cases. Of the 61 accepted cases, 41, or 67%, were found by means of mass miniature radiography.

Thanks to the co-operation of the medical profession and the population, this is becoming our main source of new patients.


INCIDENCE OF
RESPIRATORY TUBERCULOSIS.
UNDER 15
OVER 15
NUMBER OF CASES.
80
70
60
50
40
30
20
10
1950
1951
1952
1953
1954
1955
1956

The graph on page 23 shows the changes in the incidence rate. The rate above 15 has risen, that below 15 has fallen to nothing. The great reduction under 15 is due to B.C.G.

B.C.G. VACCINATION AGAINST TUBERCULOSIS.

During 1956, 879 persons received B.C.G. This brings the total since we began our campaign in 1949 up to 12,245.

Of the 879 new vaccinations, 651 were under the age of 1 year. As there were 820 live births, this means that 81% of our children received B.C.G. in the first year of life, the majority in the first two weeks. Although an occasional abscess occurs in the axilla there has been little or no trouble with B.C.G. A short course of isoniazid usually clears up abscesses when they have been evacuated.

At age 15—20, no cases of tuberculosis occurred amongst the vaccinated who numbered 2,491. 7 cases occurred amongst the unvaccinated who numbered 941. In fact there were no cases of tuberculosis amongst the vaccinated under 20. One young man aged 24 who was vaccinated in 1951 developed tuberculosis during the year. This is the only case notified during the year who had previously received B.C.G.

The table on page 25 gives the estimated population for each year, the number and the percentage vaccinated.

Age groups		Population	Number protected by B.C.G.	Percentage protected by B.C.G.
Under 1	...	805	651	81
1 — 2	...	711	634	89
2 — 3	...	817	658	82
3 — 4	...	753	567	75
4 — 5	...	829	595	72
5 — 6	...	813	641	79
6 — 7	...	835	374	45
7 — 8	...	902	496	55
8 — 9	...	818	649	79
9 — 10	...	934	732	78
10 — 11	...	767	657	86
11 — 12	...	670	573	86
12 — 13	...	718	595	80
13 — 14	...	587	463	79
14 — 15	...	572	479	84
15 — 16	...	645	520	81
16 — 17	...	696	522	75
17 — 18	...	698	507	73
18 — 19	...	662	491	74
19 — 20	...	727	475	65

The population was estimated for each year as follows :—

1 — 6	the births minus the deaths.
7 — 14	the actual population present in all the Island schools, States aided and private.
15 and over	from the numbers present in the schools when those in these age groups were school children.

It will be seen that a high proportion of our population under 20 is protected by B.C.G.

REVERSION RATE.

Last year, 486 B.C.G. vaccinees were re-tested for tuberculin sensitivity ; 433 of these had received their B.C.G. five or more years ago ; 14 in 1949, 236 in 1950 and 183 in 1951. The remaining 53 received their B.C.G. in 1952, 1953 or 1954.

Regarding the reversion rate, all those who had received their B.C.G. in 1949 or in 1952 and subsequently are still tuberculin positive. All those reverting came from the vaccinees done in 1950 and 1951. In all, 38 of them were negative to 1 mg of O.T. 27 out of 236 done in 1950, a reversion rate of 11.4% and 11 out of 183 done in 1951, a reversion rate of 6.0%. The combined reversion rate for those done in 1949, 1950 and 1951 was 8.8%. It is worthy of note that the dosage of B.C.G. given during the latter half of 1950 and to a lesser extent in 1951 was well under the standard, being usually 0.03 c.c. or 0.05 c.c. In 1949 and since 1951, all vaccinees have received the full standard dose of 0.1 c.c. Re-testing in 1950 had shown that the immediate conversion rate with the substandard dose was virtually 100% but we feel now that the long term reversion rate is higher when the substandard dose is used.

An earlier survey comparing the reversion rates in those receiving the standard dosage in 1950 with those receiving the substandard dose in the same year, had shown that the reversion rate with the smaller dosage was almost twice as much as that with the normal dosage.

In some ways, the success of B.C.G. in Jersey seems greater than one would expect from the report of the M.R.C. This may be due to our practice of infant vaccination but even at puberty our results seem better.

Some years ago I published in " Tubercle " a paper " Tuberculosis in Jersey " in which I suggested that the Jersey population was largely Celtic and therefore more susceptible to tuberculosis than the Anglo-Saxon. If this is the case they may also be more susceptible to B.C.G. and a higher percentage of protection may be obtained.

Of course, our figures are small but they do show that our B.C.G. campaign has been very successful.

MASS MINIATURE RADIOGRAPHY.

Year ended December, 1956.

		Min. X-Rays.		Passed on Min. film.		Recalled for large film.		Passed on large film.		Treatment Cases.		Cases for observation.		OTHER SIGNIFICANT ABNORMALITIES.							
														Cancer.		Heart.		Bony abnormality.		Other lung diseases.	
		Totals during year.		Totals during year.	% of total X-rays during year.	Totals during year.	% of total X-rays during year.	Totals during year.	% of total X-rays during year.	Totals during year.	% of total X-rays during year.	Totals during year.	% of total X-rays during year.	Totals during year.	% of total X-rays during year.	Totals during year.	% of total X-rays during year.	Totals during year.	% of total X-rays during year.	Totals during year.	% of total X-rays during year.
		Totals.	Repeats.																		
Self Applicants	M	2032	1468	1959	96.41	73	3.59	45	2.21	7	0.34	13	0.64	4	0.20	1	0.05	5	0.25	1	0.05
	F	2278	1646	2224	97.63	54	2.47	35	1.54	8	0.35	10	0.64	—	—	—	—	2	0.09	—	—
Doctors' Cases	M	692	70	587	84.83	105	15.17	47	6.79	12	1.73	29	4.19	7	1.01	1	0.14	3	0.43	4	0.58
	F	730	62	659	90.27	71	9.73	35	4.79	5	0.68	20	2.74	2	0.27	2	0.27	6	0.82	4	0.55
Contacts	M	832	541	803	96.51	29	3.49	21	2.52	2	0.24	4	0.48	—	—	1	0.12	2	0.24	—	—
	F	675	391	656	97.19	19	2.81	11	1.63	2	0.30	5	0.74	—	—	—	—	—	—	—	—
Tuberculin Positives	M	108	80	107	99.07	1	0.93	1	0.93	—	—	—	—	—	—	—	—	1	0.93	—	—
	F	127	112	124	97.64	3	2.36	3	2.36	—	—	—	—	—	—	—	—	—	—	—	—
Aliens	M	1577	641	1487	94.29	90	5.71	55	3.49	11	0.70	21	1.33	—	—	1	0.06	—	—	—	—
	F	929	331	886	95.37	43	4.63	30	3.23	4	0.43	6	0.65	—	—	2	0.22	1	0.11	1	0.11
Hospital Staff	M	105	70	102	97.14	3	2.86	1	0.95	—	—	2	1.90	—	—	—	—	—	—	—	—
	F	539	257	521	96.66	18	3.34	12	2.23	—	—	4	0.74	—	—	1	0.19	3	0.56	1	0.19
Totals	M	5346	2870	5045	94.37	301	5.63	170	3.18	32	0.60	69	1.29	11	0.21	4	0.07	11	0.21	5	0.09
	F	5278	2799	5070	96.06	208	3.94	126	2.39	19	0.36	45	0.85	2	0.04	5	0.09	12	0.23	6	0.11

9,617 individuals were X-rayed, 1,007 of these were X-rayed twice during the year, making a total of 10,624 films.

MASS MINIATURE RADIOGRAPHY.

During 1956, 10,624 miniature films were exposed as against 6,754 in 1955. This is a very great increase. One of our most valuable services is that given to doctors by which they have a free miniature if there is even the slightest reason to suspect disease of the chest. In 1955, 478 films were used for doctors and in 1956, 1,422—almost three times as many. The group produced 17 cases of Tb and 9 bronchial carcinomas. The number of doctors' cases is now averaging 170 per month.

We found 15 cases of active tuberculosis amongst 2,385 aliens.

It must be remembered that many of these had been X-rayed the year before and indeed one group of aliens X-rayed for the first time gave a rate of 24 per 1,000 active Tb. As many of these work as waiters, bar-tenders, chambermaids, etc., it shows the great value of this examination. It is a pity that it is not possible to extend it to all food handlers. As I have said before, 67% of our cases of Tb were found by mass miniature radiography. Our static mass miniature radiographic set is doing a valuable and increasingly important service to the island.

OVERDALE.

The improvements in treatment allow a more rapid turn-over of patients, domiciliary and even ambulatory treatment are used in some cases, thus reducing the strain on the beds at Overdale. Now one ward is in permanent use as a Geriatric Unit.

OVERDALE STATISTICS.

Admissions to Hospital.

Tuberculosis

Pulmonary tuberculosis	78
Tuberculosis periotonitis	1
Tubercular knee	1
	80

Infectious Diseases

Pneumonia	2
Paratyphoid	3
Measles	2
Rubella	1
Chickenpox	4
Mumps	2
Other	5
	19

Admitted from General Hospital for convalescence	30

Deaths.

Pulmonary tuberculosis	2
Pneumonia	1

Outpatients.

Outpatients attendance.

For check-up	1038
New patients	251
A.P.Refills (visitors)	22
A.P.Refills (old patients)	232

There were no epidemics during the year. One case of poliomyelitis was notified. No cases of diphtheria occurred. 475 immunisations and 18 booster doses against diphtheria were notified to the department. In most cases to-day the triple antigen is used giving protection against diphtheria, tetanus and whooping cough. These figures are much smaller than reality as some nurses retain the cards until the booster dose is given at 5 and some have not sent in their returns. In addition, General Practitioners make no returns of cases they have done privately. We are trying to tighten this up. By school age about 80% of our children are immunised.

SCHOOL MEDICAL INSPECTION.

During 1956, 3,018 school children were seen during 174 sessions. 2,589 were found to have one or more defects. The total number of defects noted was 4,202, but, as in former years, it must be realised that nearly three quarters of this total is made up of 1,923 defects due to carious teeth and a further 1,119 due to faulty foot posture. If teeth and foot posture defects are excluded the total is only 1,160.

Dental Defects.

1,923 (64%) of the children seen were the unhappy possessors of untreated carious teeth. This figure is an important one, for it shows that the position regarding dental decay, instead of becoming stable, as had appeared likely last year, is still steadily getting worse. The figures speak for themselves.

In 1951, the percentage of those seen with untreated carious teeth was 27% : 1952—36% ; 1953—47% ; 1954—57% ; 1955—56% ; 1956—64%.

These figures refer only to the number of children who actually had carious teeth in their mouths at the time of their medical inspection. They do not tell the full story in that they do not reveal the total number of bad teeth noted, the number missing, or the number filled. They do not tell of the children with mis-shapen mouths or mis-placed teeth that are just as much in need of treatment as the child with a mouth full of rotting stumps. They merely tell in the simplest way possible that, in the battle against dental decay, things are getting worse instead of better.

A more accurate assessment of the damage done by dental decay is obtained by noting the total number of teeth decayed (D) missing (M) or filled (F) in certain age groups. This D M F number, divided by the number of children seen in the group, gives us the D M F rate for that group. 232 five year old's seen had a D M F total of 1,025, giving a D M F rate of 4.4 teeth per child of that age. This is an expression of the damage being done in the first teeth of Jersey children. The D M F rate for 326 fourteen year old's was 3.1 teeth per child, this being an expression of the damage being done in the permanent teeth. Only 26% of the five year old's had a perfect dentition and only 18% of the fourteen year old's had a perfect dentition. Of the damaged teeth in these two groups, only 4% of the first teeth and only 29% of the second teeth had been filled. Conservative treatment for the first dentition is almost nil and is meeting less than one-third of the need in the second dentition. Most of the filled teeth, in the five year old's and fourteen year old's, were in children attending the Colleges or private schools.

In 1946, it was recorded that over 50% of the young children in Jersey had caries-free dentitions. To-day that percentage is only 26. This increase in the caries rate is due, of course, to the return of sugar, sweets, biscuits, etc., to the diet. It is very unlikely that compulsion will ever be used to forbid the consumption of such pleasant foodstuffs, but it is not unlikely that the standard of tooth brush drill could be improved. Adequate mouth hygiene after the eating of these sugary, sticky foods can go a long way towards the prevention of decay. Even when a toothbrush is not available, a thorough rinse of the mouth and teeth with water will do much good.

Teaching along these lines needs expansion in infant welfare centres as well as in the schools.

Need for Fluoridation.

Restraint in the use of tooth-harming foodstuffs combined with proper mouth hygiene would make a big difference in the incidence of dental decay, but these methods depend on the co-operation of parents and children and so may not always produce the good effect expected. There is still another line of attack. A study of the natural constituents of the teeth shows that fluoride salts are essential to the formation of a healthy tooth structure. Fluoride is present in all drinking waters, but to a varying extent. In some localities it is present to an appreciable extent, and in others, such as Jersey, it is barely present at all. For many years now it has been noted that the fluoride content of a district water supply has a direct effect on the teeth in that locality. Where fluoride is present in excess, the teeth of children brought up in that area are brown and mottled, but very resistant to decay. In other areas where fluoride is present in moderate quantities no disfigurement of the teeth occurs, but resistance to decay is still high, so much higher indeed that the incidence of decay is half, or less than half, of that seen in the mouths of children in low fluoride areas. One of the most famous examples is seen in the twin cities of North and South Shields, separated only by the River Tyne. In South Shields the townsfolk drink water that contains nearly 10 times as much fluoride as does the water supply of North Shields. As a result, the teeth of the South Shields citizens have just half the amount of decay noted in the teeth of those living across the river, and the decay when it does occur, is less serious in its effects. Many neighbouring localities on both sides of the Atlantic have been studied now, and the answer is always the same. Those drinking water with an adequate supply of fluoride sustain only a fraction of the dental damage suffered by their neighbours whose water supply is deficient in fluoride. Further studies on the high fluoride areas have shown that the optimum concentration of fluoride is 1 to 1½ parts per million. At this level no disfigurement occurs and decay is at a minimum.

Fluoride has thus taken its rightful place as one of those naturally occurring substances that is essential to health. Present in the right quantities, it does no harm and does much good.

Once these facts had become established it was not long before certain communities in America decided to bring the level of fluoride in their water supplies up to the optimum level by the addition of fluoride salts. Naturally it took some years before any change could be noted, but now that 10 years and more have elapsed, it has been shown that their dental decay has been reduced to nearly one-third of its former level. Their example has been followed by hundreds of other communities and many millions of U.S.A. and Canadian children are now enjoying the benefit of a 60% reduction in dental caries.

Dental decay in Jersey has long been blamed in part, on the lack of calcium in the water. It is strange how firmly this legend has become established. It is, however, only a legend. There is no lack of calcium in our piped water supply. What is lacking though, is fluoride. We have only one-tenth of the quantity needed to prevent dental decay. Its addition is both safe and cheap. Long studies of people who have lived all their lives in high fluoride areas show that fluoride in the recommended quantities is completely harmless. Surely it is time we learned this simple lesson from nature and fell into line with yet one more of its unchanging laws. Our water supply is deficient in one of those constituents needed in the building of decay-resisting teeth. To correct that deficiency will cost only a few hundred pounds per year, will do no harm to anyone, and will do much good to our present infant population and all succeeding generations.

The Need for a Full-time Dentist.

Wise use of sweet and soft foodstuffs, good oral hygiene and the remedying of the present fluoride deficiency in our water supply could do much to lower the incidence of dental decay in Jersey. Even so, more conservative treatment is needed and will be needed. Fluoridation is a long-term policy and will have little effect on the present generation of school children. More and more children are being seen each year with untreated dental caries. The addition of another dental session in 1956 for conservative treatment has increased the number of permanent teeth filled, but the number left untreated is still increasing. There is still more than enough work undone to justify the employment of a full-time dentist for school children alone.

Defects of Vision.

The routine school medical inspection is still one of the best ways of finding out the unsuspected visual defect. 234 children were referred for a further examination, an incidence of 78 per 1,000 seen, of hitherto unsuspected refractive error. 21 cases of squint (7 per 1,000) were also advised to consult a specialist and many of these cases eventually passed through the Orthoptic Clinic at the General Hospital.

Colour Vision.

Testing of colour vision is now routine for all in Group III and IV. The Ishihara book is used and the incidence of cases discovered is much as has been reported elsewhere. Roughly 60 out of every 1,000 boys and 6 out of every 1,000 girls show an appreciable defect of colour vision. This partial loss of colour appreciation varies considerably in its severity from one "colour blind" person to another, and many of the victims were not aware of their disability. Some had already noted their inability to pick tomatoes of the right colour, while others had first noted that they could not distinguish certain colours when painting in art classes. Many of the less severely affected were only caught out when attempting to distinguish between the paler, pastel shades of colour, but when faced with bright intense shades, they made no mistake.

The fact that 60 out of every 1,000 boys and men have some defect of colour vision does not seem to be fully realised in the out-of-school world. It is amazing to realise how many times the identification of an object is made to depend on colour alone, and not also on size and shape. Traffic lights offer little difficulty to most because of the position of the lights in their well known sequence of red at the top and green at the bottom, but even so, it would be safer if the lights varied in shape as well as colour. Every year some boys are compelled to turn away from their first choice of a career because perfect colour vision is a necessity in that career. Mankind might be better served if there was less dependence on colour alone as a means of identification. Until such a day dawns, the interests of these afflicted ones are best served by warning them of their disability before they have had time to set their hearts on some forbidden career.

Orthopaedic Defects.

Round shoulders and flat feet still provide the majority of the defects for which treatment is advised. Just over one-third of those seen were advised to do some form of foot exercise, but only half of these could be regarded as really flat. Even so, 16—20% of our children are leaving school with feet that have little or no longitudinal arch when weight bearing, and in later life this is bound to be a painful source of foot fatigue.

Immunology.

School medical inspections provide an excellent opportunity of discussing, with the parents, the child's state of protection against various diseases. During 1956, 1,205 children out of the 3,018 seen received an injection against diphtheria, 124 of these injections being the first of a primary course. This primary course is now against diphtheria, tetanus, and whooping cough in those under 8 years of age, and against diphtheria and tetanus in those aged 8 and over. " Booster " doses amounted to 1,081 and were mainly against diphtheria, though some of the younger children received them against diphtheria and whooping cough.

Injections are never popular but the regular use of these protective inoculations is still the only way to ensure a high degree of resistance against certain diseases. By their use, 76% of the school population that is seen regularly, is up to date in its protection against diphtheria. Of the remaining 24% many have some degree of protection, but this is uncertain and unreliable. Some we know have never been immunised, and are still completely unprotected, but as long as they remain in the minority the threat to public health is very slight. In the private schools there are many who are never seen at a school medical inspection, and it is doubtful if their state of immunity is at all satisfactory. The routine medical inspection covers ground not touched on as a rule by the general practitioner, and it is a pity that so many parents say " no " to what they regard as an unnecessary examination.

A further 136 children received B.C.G. at school during the year, bringing the number protected thus against Tb. to over 70%.

Cleanliness.

The figures regarding bodily cleanliness have not been published for some time as, unfortunately, the routine " monthly " cleanliness inspections have been carried out only sporadically in the past. In addition, records have been kept in such a fashion that it has not been possible to sort out the figures so as to obtain an accurate estimate of the actual number of children found infested. That has now been changed and in the future it is hoped that accurate figures will be available.

Several outbreaks of " dirty heads " have been noted, and in all areas it is the same story. A few " problem families " have remained infested despite all efforts to deal with the problem. The adult females in these homes are often the source of the trouble inasmuch as they refuse to be examined, or to accept treatment. The absence of a cleansing centre, to which these families could be referred, is a real handicap. It is proposed to direct special attention to these families and to deal with the social problems involved as firmly as may be required, but without a cleansing centre the task will not be easy.

School Buildings.

In the past, attention has been drawn to the poor conditions that existed in so many schools, especially with regard to heating and cloakroom and sanitary facilities. It is now a pleasure to note the changes that have been gradually effected, especially in the toilet and cloakroom accommodation in many of the schools. In others there have been, in addition, the enlarging of windows, the lowering of ceilings, and in a fortunate few, even the installation of central heating. Many children must still shiver during the cold spells, but the transformation effected in one of the blackest spots, St. James', shows what can be done.

Conclusion.

Dr. Brommage who has had much experience in the past of school medical work, has kindly made herself available on a number of occasions when the programme of inspections would otherwise have been interrupted at considerable inconvenience to many. Her help given, often at short notice, has been a boon.

Thanks are also due, as always, to the unfailing kindness and co-operation of the school principals ; to the hardworking District Nurses, and to the school medical secretary who bears the real burden of the job in a most efficient and uncomplaining fashion.

MEDICAL INSPECTIONS 1956.

	Number of children examined.	Number with defects.
Group I. (5—7 years)	752	685
Group II. (9 years)	795	750
Group III. (12 years)	603	496
Group IV. (15 years and school leavers)	562	412
Group V. (special cases and re-examinations)	306	246
	3,018	2,589

Hearts—Number of children referred for further opinion 26

Squints— ,, ,, ,, ,, ,, ,, ,, 21

SUMMARY OF DEFECTS FOR 1956.

(O=defect requiring observation; T=requiring treatment; R=referred to specialist).

	Group I.			Group II.			Group III.			Group IV.			Group V.			Total
	O	T	R	O	T	R	O	T	R	O	T	R	O	T	R	
Cleanliness	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Head	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Body	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Teeth	—	558	—	—	642	—	1	304	—	—	244	—	—	174	—	1,923
Skin	12	—	—	9	—	4	8	—	—	3	1	1	5	—	1	44
Eyes: Vision	2	—	14	2	—	74	22	—	59	16	—	60	4	—	27	280
Squint	12	2	11	6	—	4	—	1	3	5	—	—	1	—	3	48
Other	6	—	—	7	—	—	5	—	—	6	—	—	4	—	—	28
Ears: Hearing	3	—	2	8	—	2	4	—	3	3	—	—	1	—	—	26
Otitis Media	12	—	6	4	—	—	2	—	1	1	1	—	3	—	1	31
Other	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Nose/Throat	25	1	5	15	—	2	8	—	1	5	—	3	3	—	4	72
Speech	5	—	—	—	—	—	—	—	—	—	—	—	1	—	—	6
Cervical Glands	13	—	—	5	—	—	1	—	—	1	—	—	1	—	—	21
Heart and Circulation	28	—	4	10	—	5	7	—	1	2	—	7	10	—	9	83
Lungs	6	—	1	5	—	—	2	—	—	—	—	—	1	—	—	15
Development: Hernia	2	—	2	2	—	—	—	—	2	—	—	—	1	—	1	10
Other	3	—	1	1	—	1	1	—	—	—	—	1	1	—	1	10
Orthopædic: Posture	2	16	—	—	39	—	3	39	1	1	10	3	1	16	1	132
Flat foot	—	307	—	1	323	—	—	228	—	—	154	—	1	105	—	1,119
Other	14	98	1	6	56	3	26	44	3	58	8	1	7	17	1	343
Nervous system: Epilepsy	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1
Other	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	1
Psychological: Development	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Stability	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Asthma	3	—	—	1	—	—	4	—	—	—	—	—	—	—	—	8
TOTAL	148	982	48	82	1,060	95	94	616	74	101	418	76	47	312	49	4,202

FOSTER CHILDREN—1956

Total number of registered foster homes	71
Total number of new permits issued	31
Number of foster children in registered foster homes on 1st January 1956	107
New children boarded during the year	46
Children ceasing to be foster children during the year	65
Total number of foster children in foster homes on December 31st, 1956	88

AUTHORITIES RESPONSIBLE FOR THE PAYMENTS FOR THE CHILDREN STILL UNDER CARE ARE AS FOLLOWS :

(1) Parents and relations	34
(2) Parishes	47
(3) Parish and parents	6
(4) English authorities	1
	88

REASONS FOR CHILDREN CEASING TO BE FOSTER CHILDREN DURING THE YEAR :

(1) Returned to parents		52
(2) Over age (14 years)		7
(3) Transferred to Institutions		
(*a*) Girls' Home	1	
(*b*) Dr. Barnardo's	2	3
(4) Adopted by foster parents		2
(5) Placed for adoption in England		1
		65

During 1956, transfers from one foster home to another— 7

Again, difficulties have been encountered in in placing young children, particularly during emergency situations when short-stay homes are required, e.g. when the mother is ill.

Request for foster homes from mothers wishing to work, particularly during the summer, were many.

In these cases, a short-stay residential or day nursery would ease the problem. Supervision would be ensured in such a nursery, whereas it is feared that there are unregistered foster homes unknown to this Department and therefore unvisited.

Under the present Law, a child ceases to be a foster child having attained the age of 14 years.

Help and advice is often required for the adolescent.

BOARDING-OUT OF AGED AND INFIRM PERSONS.

	Male	Female	Total
Number of elderly and infirm persons boarded out on 1st January, 1956	10	8	18
Number of new persons added during the year	13	9	22
Number of persons removed during the year	8	5	13
Number of persons boarded out on 31st December, 1956 ...	15	12	27

CAUSE OF REMOVALS DURING THE YEAR.

	Male	Female
Deaths	1	2
Returned to Institution ...	2	3
Admitted to General Hospital	2	0
Returned to relatives' care..	2	0
Became self-supporting ...	1	0

It can be seen from the figures quoted, that all placements were not successful.

This scheme has helped persons too aged or infirm to continue managing their own homes, but not in need of active nursing care, to be placed in private households, or sometimes with relatives. Therefore, it has somewhat relieved the Institutions caring for the aged.

PUBLIC HEALTH INSPECTION.

Mr. L. Hammond has produced, as usual, a valuable report. The report covers every aspect of the work of the Public Health Inspector and gives a very detailed description of that work.

The building boom has continued during the year and much building both private and public has been carried out.

There is still, however, very little effort to clear slums. They still exist and are no credit to Jersey. Still, things are moving and it is hoped that in the near future something will be done about it.

JERSEY DISTRICT NURSING ASSOCIATION.

This Association has undergone considerable reorganisation. The old Federation Committee which was unrepresentative of the Country Nursing Associations has been replaced by a Central Committee consisting of members from each Association. No official of the Central Committee can be an official of a District Nursing Association. Under the energetic and capable secretaryship of Mrs. K. Crill, great efforts are being made to unify and bring up to date the work of our nurses.

In addition, a scheme has been put on foot to turn Gloucester Lodge into flats for letting to nurses and health visitors doing domiciliary work at rentals within their reach. This besides being useful, should also bring about a great economy in expenditure. Further schemes are under way; change and improvement are in the air.

JERSEY MATERNITY AND INFANT WELFARE CENTRE.

Doctors Brommage and Isobel Fisk, assisted by two Health Visitors are doing valuable work. This work should be extended and further co-operation with the distirct nurses attained. Active steps are being taken to bring this about and now the centre comes under the Queen's Nursing Service for inspection, etc.

JERSEY HOME HELPS SOCIETY FOR THE SICK & AGED.

This Society is gradually increasing its work as funds become available. Already much valuable work has been done and great help is being given to the aged. It is hoped that more funds will soon become available so that the work can be extended.

I wish to thank Dr. A. S. Darling, Mr. L. Hammond and all my staff for their help and co-operation during the year and the years that are gone.

R. N. McKINSTRY,
Medical Officer of Health.

ANNUAL REPORT OF THE CHIEF SANITARY INSPECTOR.

I have pleasure in submitting my thirty-third Annual Report, for the year 1956, on the many and various subjects, such as works improvements, water supply (wells, springs, rain water), housing, licensed premises, cafés, restaurants, building sites, plan approvals for all-types of buildings and alterations, etc., food supply, clean food handling, milk supply, disinfections, rodent control, etc.

GENERAL SUMMARY OF INSPECTIONS, Etc.

Five thousand and eight inspections, re-inspections, appointments, visits to supervise works in progress, were made of houses, hotels, restaurants, cafés, bakehouses, food shops, dairies, schools, camping and building sites, moveable dwellings, brooks, etc.

There were one thousand, two hundred and forty-two callers for advice, complaints, etc., all of which received attention.

Five hundred and seventy-nine smoke and water tests were applied to new drains and existing systems.

WATER SUPPLY.

Samples taken for :

	Satisfactory.	Unsatisfactory.	Total
Chemical analysis	81	66	147
Bacteriological examination	82	50	132

Sources sampled.	No.	Satisfactory.	Unsatisfactory.	Improved.	Condemned.
Wells	132	40	38	15	1
Springs ...	9	—	4	—	1
Streams ...	2	—	2	—	—
Rainwater storage ..	8	—	5	4	—
Bore tubes.	12	7	3	—	1
Treated supplies.	3	3	—	—	—

Number of samples which contained excessive lead	9
Number of samples which contained excessive copper ...	12
Number of samples which contained excessive zinc	6
Lead fittings removed from wells, etc.	6
Number of samples from swimming pools	1

IMPROVEMENTS TO DWELLING HOUSES.

Houses provided with new sanitary facilities	59
Farm-houses provided with new sanitary facilities.........	14
Houses supplied with Waterworks service....................	4
Number of houses reconditioned	18
Improvements to dwelling houses, such as cleansing, distempering, plastering, new windows, doors, additions, etc...	15
Overcrowding abated	1

DISINFECTIONS AND DISINFESTATIONS.

Number of rooms disinfected for infectious diseases	168
Number of bundles of bedding and clothing disinfected...	198
Number of mattresses disinfected	179
Number of rooms disinfested (bugs, fleas, etc.)	286

DETAILS OF DWELLING HOUSES WHICH HAVE, UPON REPORT BEEN CONDEMNED AND CLOSED BY ACT OF THE COMMITTEE AS BEING UNFIT FOR HUMAN HABITATION.

Number of houses condemned.	Position.	Date of Report.	Result of Action taken.
1	48, Don Road, St. Helier.	14.1.56.	Vacated.
1	Bungalow in Cotils, opposite Quetivel Mill, St. Lawrence.	30.1.56.	Unoccupied.
1	No. 1½, William Place, Columbus St., St. Helier.	14.3.56.	Unoccupied.
2 rooms	Cottage at La Rue du Sud, St. Ouen.	15.3.56.	Unoccupied.
1	Walmer Cottage, Five Mile Rd., St. Ouen.	23.3.56.	Demolished.
1	5, Alma Gardens, Millbrook, St. Lawrence.	11.4.56.	Reconditioned and re-occupied.
One large room.	La Petite Fosse, St. Ouen.	7.5.56.	Unoccupied.
1	23, Devonshire Place, St. Helier.	1.11.56.	Unoccupied.
1	White House, Longueville, Grouville.	30.11.56.	Vacated.

Total number of houses condemned............................ 9

CLOSING ORDERS RESCINDED AFTER PROPERTIES BEING COMPLETELY RE-CONDITIONED.

Number of Houses.	Position.	Closing Order.	Rescinded.
1	27, Garden Lane, St. Helier.	30.3.55.	6.4.56.
1	No. 1, The Dell, Victoria Village, Trinity.	Sept. 1950	11.4.56.
1	No. 5, Alma Gardens, Millbrook, St. Lawrence.	11.4.56.	20.8.56.

Total number of Closure Orders rescinded	3

Between 1923 and 1956, four hundred and sixty-nine houses were condemned or closed by Acts of the Public Health Committee as being unfit for human habitation.

SUMMARY OF WORK IN CONNECTION WITH THE LAW ON PUBLIC HEALTH, 1934, AS AMENDED.

One thousand, one hundred and forty-three plans were submitted for examination and nine hundred and seventy were approved.

Thirty-three plans were, on report, rejected by the Committee as being unsatisfactory.

The following table gives a description of the plans approved:—

Houses	70
Bungalows	93
Flats	132
Shops	15
Alterations and additions to dwellings	453
Cottages	2
Garages and greenhouses	278
Offices and administration blocks	5
Farm outbuildings, workshops, sheds, etc.	115
Public conveniences	3
Primary schools	1
Churches	1
Miscellaneous plans	45

Two hundred and twenty-four dwelling houses, bungalows, flats, etc., were to be newly connected, directly or indirectly, to the main sewers, and one hundred and forty were to be drained to modified sewage disposal plants. These figures include one block of 32 maisonettes, 12 flats and 4 houses at Anthony's Quarry, Clarence Road, St. Helier; 2 blocks of 9 flats and 1 block of 6 at Le Geyt Road, St. Saviour; 6 blocks of 12 flats at Valley Field, Sandybrook, St. Lawrence.

It should perhaps be emphasised that this table does not relate to any work done other than by plan submitted under the Law (1934) on Public Health, as amended.

There were three special reports made and presented to the Committee :—

(1) on the re-organisation of the method dealing with applications for the construction of new buildings, alterations and additions to existing buildings, etc., under the Law on Public Health;

(2) on the advisability of building in the vicinity of the Five Mile Road (La Grande Route des Mielles), St. Brelade, St. Peter and St. Ouen;

(3) on the extensive housing development in the Parish of St. Brelade, especially the Route des Genets, Route de Tabor, Tabor Lane, Park Estate, Route des Petites Mielles, Quennevais Road, Pont Marquet and Route Orange areas.

1. A combined meeting of the Natural Beauties, Public Works and Public Health Committees was held, to discuss the re-organisation of methods of submitting building applications, and to formulate a simpler time-saving policy. At this meeting, I was instructed to place in operation a revised workable policy.

All applications are now made, and plans submitted, direct to the Public Health Department, where they are registered, vetted and submitted to the Committees concerned with every expediency. It can now be said that, approximately 90% of the applications received are dealt with within fourteen days.

2. The Report on the Five Mile Road Area was duly placed before the States Assembly, with the result that no building is now allowed below the 40 ft. contour line, extending from La Pulente, St. Brelade to L'Etacq, St. Ouen.

3. The States Assembly ruling in this case was that, (*a*) new buildings had to be sited so that they could be connected to the sewers, when they became available, and (*b*) pending sewage facilities, density should not exceed one dwelling per vergee.

LICENSED PREMISES.

The following table gives details of inspections and improvements to these premises including plans where related to sanitary accommodation, etc.

1.	Number of premises dealt with	43
2.	Inspections and re-inspections	69
3.	Interviews with owners' representatives	8
4.	Additional water closets provided	10
5.	New urinals provided	3
6.	New drainage provided	8
7.	New bar sinks provided	2
8.	Water supply connected to bar sinks	2
9.	Wash basins provided	9
10.	Sewer connections renewed	2
11.	Modified sewage disposal plants installed	1

The above table refers to premises holding a licence of the first, third and fourth categories only.

CLEAN FOOD.

1956 was a year of general supervision, without many highlights. Legislation is still awaited to give some authority to our further requirements. A poor summer may have contributed to the fact that no cases of food poisoning were reported ; the potential risk from some sources still remains.

The number of café-restaurant inspections was 139, approximately half of the public places of refreshment. 23 butchers' shops, 12 bakeries and 129 other shops were visited. The markets were visited on complaint 7 times, food preparation premises 15 times and itinerant retailers on 6 occasions. Routine inspections of food premises totalled 84.

Of 26 Ice Cream samples submitted for bacteriological examination, 11 were unsatisfactory. This somewhat high percentage may be explained by a concentration on two unsatisfactory premises, one of which produced its own ice cream. Finally a good standard of hygiene was achieved. Warnings of closure were sufficient. The 26 chemical samples submitted were up to the high local standard. There are only two local manufacturers, both cafés. The bulk of ice cream sold in Jersey comes from three large concerns in England.

UNSOUND FOOD.

Unsound food examinations numbered 56, and 322 certificates of condemnation for human consumption were issued, the total weight of 4 tons, 8 cwt. 95 lbs. being made up of :—

Meat and meat products.

509 lbs. ham.
12 lbs. brawn.
90 lbs. tongue.
89 lbs. capon.
53 lbs. pork.
24 lbs. beef.
3 lbs. jellied veal.
233 lbs. bacon.
470 lbs. sausages.
2 lbs. braised kidneys.

Weight : 1,485 lbs.

Canned Goods.

1,444 tins meat.
298 tins fruit.
159 tins milk.
2 tins cream.
20 tins fish.
195 tins peas and beans.
8 tins sausages.
12 tins soups.
99 tins vegetables.
29 tins miscellaneous foods.

Weight : 4,419 lbs.

Fish.

84 lbs. mackerel.
189 lbs. haddock.
151 lbs. cod.
21 lbs. kippers and bloaters.
49 lbs. fillets.
42 lbs. bream.
42 lbs. monk.
30 lbs. cats.
51 lbs. plaice.
56 lbs. herring.
126 lbs. mixed fish.

Weight : 841 lbs.

Cheese.

123 lbs. ribbon slices.
9 lbs. cheese & tomato spread.
33 lbs. cheese spread.
4 lbs. ham and cheese spread.
6 lbs. gorgonzola spread.
198 lbs. miscellaneous cheeses.

Weight : 373 lbs.

Miscellaneous Goods.

516 lbs. salad cream.
608 lbs. mayonnaise.
26 lbs. horse radish relish.
117 lbs. ketchup.
20 lbs. french dressing.
7 lbs. gravet.
134 lbs. soup powder.
476 lbs. jelly crystals.
461 lbs. milk pudding powder.
162 lbs. cake mix.
20 lbs. currants.
70 lbs. oranges.
16 lbs. apples.
9 boxes kippers.
6 doz. escallops.
10 turkeys.
1 jar jelly.
34 doz. jars sandwich spread.
22 doz. dinners.
7 doz. welsh rarebits.

Weight : 2,833 lbs.

PRODUCTION OF CLEAN MILK.

METHYLENE BLUE REDUCTASE TEST.

Total number of samples taken	1,656

One thousand two hundred and seventy-two samples of morning milk were taken from farmers' cans at the collecting depots and examined on day of receipt. One thousand one hundred and fourteen, or approximately 88%, were satisfactory, one hundred and two, or approximately 8%, were fair and fifty-six, or approximately 4%, were unsatisfactory. These figures indicate that the standard achieved during the past seven years is being maintained.

Three hundred and eighty-four samples were taken from roundsmen, milk shops and dairies, all of which proved to be satisfactory.

PHOSPHATASE TEST.

This test, which is used to indicate the efficiency of pasteurisation, produced the following results.

One hundred and seventy-six samples were taken at all stages from dairy to consumer and one hundred and seventy, or approximately 96.6%, were satisfactory and six, or approximately 3.4%, were unsatisfactory. These figures show a marked improvement on the previous year, and it must be pointed out that pasteurisation here, is not compulsory.

TUSTMUN SEDIMENT TEST.

One hundred and seventy-eight samples were examined by this method, for microscopic examination of extraneous matter. One hundred and sixty-six, or approximately 93.3% were satisfactory and twelve, or approximately 6.7%, were fair.

CREAM BACTERIOLOGICAL TEST.

Thirty-three creams were submitted for the above test. Thirty-one were genuine and two were unsatisfactory.

Farm inspections	79
Visits to dairies during pasteurisation	166
Visits to milk shops	253
Interviews	489
Complaints	4
Visits to bacteriological laboratory.................	160
Visits to analyst's laboratory	112
Inspections of collection and distribution vehicles	309
Inspections of food premises	168

The level of improvement in clean milk production which has been achieved over the last eight years is being maintained although much remains to be done at the lowest level of unhygienic production. The average improvement is usually apparent by the greater number of clean shining cans which are to be seen at the milk depots.

As over ninety per cent of the milk supply is now being pasteurised, the time would appear to be opportune for the introduction of a law requiring all milk to be pasteurised and introducing regulations governing the standard to be maintained.

FOOD AND DRUGS SAMPLES.

Nature of sample.	Number of Samples taken.	Genuine.	Remarks.
Milk	184	184	—
Cream	43	41	Two were unsatisfactory.

Foods.

One hundred and fourteen samples of other foods were submitted for analysis, comprising :—pure lemon juice—1 ; cooked ham—1 ; dried milk—1 ; braised pork kidneys—1 ; cooking oil—2 ; lemon essence—2 ; almond essence—2 ; damson jam—1 ; powdered cinnamon—2 ; apples—19 ; soup mix—2 ; cocoa—1 ; baking powder—1 ; tomato ketchup—1 ; plums—1 ; consommé—1 ; tomato juice—1 ; raspberries—1 ; mint—1 ; parsley—1 ; sage—1 ; thyme—1 ; majoram—1 ; pure ground almonds—2 ; figs in syrup—1 ; pilchards in tomato sauce—1 ; mixed herbs—1 ; tomato paste—1 ; brisling in pure olive oil—1 ; tea—8 ; vegetable salad—1 ; rolled fillets of anchovies—1 ; cheese—1 ; steak and kidney pie—1 ; stewed beef steak—1 ; luncheon meat—1 ; stewed steak—1 ; fruit salad—2 ; strawberries in syrup—2 ; butter—7 ; margarine—5 ; jelly crystals—1 ; lime jelly—1 ; beouf assaisonné—1 ; beef slice—1 ; apricot jam—4 ; syrup—1 ; lemon curd—2 ; treacle —1 ; melba jelly—1 ; evaporated milk—3 ; condensed milk—1 ; rhubarb and ginger jam—1 ; raspberry and red currant jam—1 ; strawberry jam—2 ; red currant jelly—1 ; raspberry jam—2 ; black currant jam—2 ; marzipan—1 ; sausages—1 ; ox tongue —1 ; pâté extra pur porc—1 ;

Drugs.

Compound glycerine of thymol—3 ; indian tonic water—4 ; hæmatinic compound with liver extract—1 ; aspirin tablets—3 ; A.P.C. tablets—4 ; sulphadiazine tablets—3 ; Beechams powders —3 ; compound codeine tablets—4 ; cod-liver oil—6 ; halibut-liver oil—6 ; Blands pills—3 ; iodine ointment—1 ; iodex plain —1 ; zinc iodine—2 ; Unna's paste—3 ; sun-tan cream—2 ; sun-tan jelly—1 ; borax and honey—4 ; saccharin tablets—3 ; Rosehip syrup—3 ; olive oil—2 ; Ribena—1 ; sun-tan oil—1 ; Aneurine hydro-chloride tablets—2 ; quinnine bisulphate tablets —2 ; syrup of chloral—1 ; Parrish's food—2 ; Rosena—1.

Fifteen foods and ten drugs were found to be unsatisfactory, and the necessary action was taken.

ATMOSPHERIC POLLUTION.

Eighty-seven smoke observations were carried out during the year, twenty-three visits were made giving advice, on premises where smoke nuisances had occurred.

One large boiler has been converted to oil fuel, with the result, there has been a complete abolition of smoke nuisance from this plant.

A large number of oil-burning plants have been installed in new greenhouses.

GENERAL IMPROVEMENTS TABLE.

The undermentioned figures are the result of complaints received and requests for advice on existing properties.

New connections to sewer	20
Connections to sewer renewed	65
Drainage systems re-modelled	58
Modified sewage disposal plants installed	45
Soakaways built	49
Drains unchoked	50
Foul soakaways or cesspools abolished	16
Brick and old drains abolished	25

Plumbing Work.

New baths installed	80
New sinks installed	78
New wash-hand basins installed	120
New urinals installed	4

GENERAL IMPROVEMENTS TABLE (CONT'D).

IMPROVEMENTS TO SANITARY CONVENIENCES.

New water closets constructed	122
Foul privies and closets abolished	17
Miscellaneous nuisances abated	74
Drainage examinations	2

A considerable amount of renewed house drainage was effected as a result of liaison with sewer maintenance work.

CESSPOOL EMPTIERS.

Two thousand, seven hundred and twenty-three septic tanks, soakaways, etc.—a total of four thousand, seven hundred and fifty-eight loads were emptied by the cesspool emptiers. This represents an increase of five hundred and fourteen loads on 1955.

RODENT CONTROL OPERATIONS.

During the year 1956, one hundred and twenty new complaints of pests were inspected and serviced, which together with old recurring cases, required six hundred and fifty-five re-inspections and extra visits.

Destruction service was carried out on four hundred and forty-two occasions. Sixty-six cases of cockroaches, wasps and flies were sprayed—using Gammaxane.

The control of rats in sewers has been attended to on each occasion reports of concentrations have been received. In additions, baiting, during the repairs of house drain connections, has frequently been applied, and the Esplanade seawall was baited, when the state of the high tide permitted.

According to the latest reports, I assess the problem of rats in sewers to be still well under control.

SANITARY INSPECTORS ASSOCIATION CONFERENCE.

As your delegate, I attended the above conference held at Bournemouth, and I would like to take this opportunity of thanking you. The official designation of a Sanitary Inspector is now Public Health Inspector, and this title is registered under British Law.

L. HAMMOND,
Chief Sanitary Inspector.

GENERAL HOSPITAL.

STATISTICAL TABLES for the Year ending 31st December, 1956.

IN-PATIENTS.

Number of Patients at beginning of the Year	105
Number of Patients admitted during the Year..............	3,406
Number of Patients at the end of the Year	128
Average number of Patients resident daily throughout the Year	134

ANNUAL EXPENDITURE ON IN-PATIENTS AND AVERAGE COST OF EACH IN-PATIENT PER WEEK.

	Expenditure on In-Patients.	Average cost of each In-Patient per week.		
	£	£	s.	d.
Provisions	20,064	2	17	4
Surgery and Dispensary	12,415	1	15	5
Domestic...	14,899	2	2	6
Salaries and Wages	90,009	12	16	11
Miscellaneous...	2,550		7	3
Administration	4,540		13	0
Establishment Renewals & Repairs	4,473		12	9
Total Cost	148,950	21	5	2

GENERAL HOSPITAL
STATISTICAL TABLES.

Statistics for the Year to 31st December, 1956.

OUT-PATIENTS DEPARTMENTS.
New Patients and Attendances.

Departments.	New Patients.	Attendances.
Casualty and Daily Clinics	13,247	33,710
Eye	674	2,419
E.N.T.	393	1,235
Skin	206	817
Medical	192	1,671
Cardiac	142	598
Surgical	1,002	4,071
Children	74	448
Special	17	233
X-Ray including Deep Therapy ...	6,713	8,308
Dental	888	2,762
Physiotherapy	730	8,822
Orthopædic	444	2,078
Psychiatry	158	1,867
Orthoptic	97	819
Total...	24,977	69,858

GENERAL HOSPITAL STATISTICAL TABLES.

Statistics for the Year to 31st December, 1956.

OUT-PATIENTS DEPARTMENTS.

Total Number of New Out-Patients	24,977
Total Number of Out-Patient Attendances	69,858

Annual Expenditure on Out-Patients and average cost of each Out-Patient Attendance.

	Expenditure on Out-Patients.	Average Cost of each Out-Patient Attendance.
	£	d.
Provisions	1,761	6.05
Surgery and Dispensary	10,697	36.75
Domestic...	2,097	7.2
Salaries and Wages	15,625	53.68
Miscellaneous...	738	2.53
Administration	2,159	7.42
Establishment Renewals & Repairs	722	2.48
Total Cost...	33,799	116.11

GENERAL HOSPITAL
STATEMENT OF AFFAIRS
to December 31st, 1956.

General Hospital, Statement of Affairs,

	£	s.	d.	£	s.	d.
HOSPITAL BALANCES AS AT 1st JANUARY, 1956.						
Amount due from Paying Patients	11,190	4	9			
Amount due from Parishes	5,525	17	2			
				16,716	1	11
TREASURER OF THE STATES OF JERSEY.						
Expenditure during the twelve months to date on the following Votes :—						
Salaries and Wages ...	136,877	2	6			
Maintenance & Supplies.	90,695	19	1			
Upkeep of Buildings and Insurance	9,628	16	2			
Pensions...	1,085	14	0			
Special Treatment Fund.	1,932	17	6			
Special Appliances in Suspense	1	0	0			
Contributions in Suspense	1,458	3	0			
				241,679	12	3
EXTRAORDINARY EXPENDITURE.						
Preliminary Work *re* Provision of Improved Facilities	101	2	3			
				101	2	3
HOSPITAL BALANCE AS AT 31st DECEMBER, 1956.						
Contributions in Suspense..	22	9	9			
Special Appliances in Suspense	43	17	6			
				66	7	3
				£258,563	3	8

for the Year ended 31st December, 1956.

	£	s.	d.	£	s.	d.
TREASURER OF THE STATES OF JERSEY.						
Receipts during the twelve months to date under the following heads.						
Interest on Investments	321	3	2			
Paying Patients	18,542	11	8			
Sundries	3,605	8	6			
Parishes	17,023	17	8			
Contributions in Suspense	1,480	12	9			
Special Appliances in Suspense	44	17	6			
				41,018	11	3
MAINTENANCE ACCOUNT.						
Hospital for twelve months to date	187,805	7	0			
Appropriation Account	10,324	13	6			
				198,130	0	6
EXTRAORDINARY EXPENDITURE.						
Preliminary Work *re* Provision of Improved Facilities	101	2	3			
				101	2	3
HOSPITAL BALANCES AS AT 31st DECEMBER, 1956.						
Amount due from Paying Patients	10,998	16	2			
Amount due from X-Ray	1,447	0	0			
Amount due from Physiotherapy	1,605	1	6			
Amount due from Parishes	5,262	12	0			
				19,313	9	8
				£258,563	3	8

MALE POOR LAW DEPARTMENT.
STATISTICAL TABLES.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1956.

Number of Inmates at the beginning of the Year......	48
Number of Inmates admitted during the Year......	74
Number of Inmates at the end of the Year	49
Average number of Inmates resident daily throughout the Year	46

ANNUAL EXPENDITURE ON INMATES AND AVERAGE COST OF EACH INMATE PER WEEK.

	Expenditure on Inmates.	Average Cost of each Inmate per week.		
	£	£	s.	d.
Provisions	3,825	1	11	10
Surgery and Dispensary ...	478		3	11
Domestic...	1,427		11	11
Salaries and Wages	5,217	2	3	5
Miscellaneous...	74			7
Administration	80			8
Establishment Renewals and Repairs...	150		1	3
Total Cost... ...	11,251	4	13	7

ST. SAVIOUR'S HOSPITAL.

MEDICAL SUPERINTENDENT'S REPORT FOR THE YEAR 1956.

I have the honour to submit the Eighty-Eighth Annual Report on the work of the hospital.

Changes in the number of patients have occurred as shown :—

	Male	Female	Total
Number resident on 1st January 1956	90	140	230
Number admitted during the year 1956	17	24	41
Number discharged during the year 1956	13	19	32
Number deceased during the year 1956	3	6	9
Number resident on 31st December 1956	91	139	230
Total number under treatment in 1956	107	164	271

ADMISSIONS.

Admissions fell by five, as compared with 1955, to a total of 41—17 males of whom 14 were new cases, and 24 females of whom 16 were admitted for the first time.

Classification by Age and Sex.	Male	Female
Over 70 years	3	6
50—70 years	6	7
30—50 years	6	6
15—30 years	2	5

DISCHARGES.

32 patients were discharged, 13 males and 19 females, the same number as in the previous year.

	Male	Female	Total
Discharged recovered	9 ...	4 ...	13
Discharged relieved to the care of relatives or friends..	3 ...	12 ...	15
Discharged unimproved to the care of relatives	1 ...	2 ...	3
Discharged to Poor Law Department	— ...	1 ...	1

DEATHS.

9 patients died during the year, one more than in 1955. 3 were males and 6 females, their average age being 60 years.

HEALTH.

The general health of patients and staff continues good. No cases of infectious disease occurred, and no new cases of tuberculosis were found during the routine X-ray examination. Two female patients sustained accidental fractures, in one case of the right femur, and in the other of the right humerus. Two patients, one male and one female, underwent successful operations for cataract.

CHARGEABILITY.

The chargeability of patients remaining under treatment at the end of the year is as follows :—

CLASS.	Male	Female	Total
First	1	6	7
Second	3	15	18
Third	1	17	18
Special Rate	—	1	1
RATE-AIDED.			
Island	7	23	30
St. Helier	47	45	92
St. John	—	2	2
St. Saviour	5	6	11
St. Lawrence	4	4	8
St. Martin	3	4	7
St. Ouen	7	1	8
St. Clement	2	3	5
St. Peter	4	1	5
Grouville	3	2	5
St. Brelade	3	5	8
Trinity	1	4	5
St. Mary	—	—	—
	91	139	230

MAISON DE LA MARTINE.

	Boys	Girls	Total
Number resident on 1st January 1956	12	10	22
Number admitted during the year 1956	3	1	4
Number discharged during the year 1956	2	2	4
Number deceased during the year 1956	—	1	1
Number resident on 31st December 1956	13	8	21

STAFF CHANGES.

Sister M. B. Dawson was promoted to Deputy Matron and her place as Ward Sister was filled by Staff Nurse T. Monaghan. Both are to be commended for their good work.

The Occupational Therapy Department suffered the loss of Mrs. Messervy and then of Mrs. Powell who resigned their appointments and were replaced after an interval by Miss Davey and Miss Carter, both of whom hold the M.A.O.T. Diploma.

A welcome is also extended to Mr. Bennett, who has joined the staff as Assistant Engineer.

ENTERTAINMENTS.

The weekly cinema performances have been discontinued, and projection type television receivers installed in the wards, a change that has been welcomed by the majority of the patients since it provides them with daily entertainment of improved quality. The Nurses' Home also received a television set through the kindness of a patient's relatives.

Live entertainments by the Green Room Club and the Young Farmers' Club at the hospital were much appreciated, and on several occasions a party of patients was generously invited to attend performances in town.

The Annual Picnics were successfully held in June, and were again supplemented by coach drives at intervals during the summer.

The Christmas festivities went with their usual swing, and the patients' Fancy Dress Dance was a signal success.

DIVINE SERVICE.

The usual monthly services have been held by the Hospital Chaplain and good attendances obtained. Roman Catholic services have also taken place at regular intervals.

GARDENS AND GROUNDS.

These have been maintained in good order during the year.

THE FARM.

As a result of a change of policy in regard to the farm, the herd of cattle has been sold, and milk for the hospital is now purchased from outside sources. This decision releases the field in front of the hospital for the use of the patients, and for eventual conversion into a sports ground which will provide increased opportunity for exercise. It is intended to concentrate in future on the raising of vegetables in the remaining land adjacent to the hospital.

The value of the produce supplied by the farm during the year was £4,355 11s. 1d. at market prices.

REPAIR AND UPKEEP OF BUILDINGS.

An adequate standard of repair of the main buildings has been maintained, and some improvements effected to the staff cottages, but the effect of rising costs in limiting the work undertaken is becoming apparent.

HEAT, LIGHT, POWER AND WATER.

These essential services have been maintained satisfactorily during the year, and the Insurance Company's Inspector has again reported favourably.

It is anticipated that the reduction in water consumption resulting from the sale of the cattle will do something to obviate seasonal shortages in the hospital supply.

Fluorescent lighting has been installed in one of the male wards, giving much improved illumination, and, in view of its relative economy, extension of its use is contemplated.

Hospital Shop.

The small room formerly occupied by the cinema projector has been converted into a shop, managed by the hospital hairdresser, where patients can purchase tobacco, confectionery, toilet requisites and other small personal necessities. At the same time, a system has been introduced whereby patients are encouraged to work for payment, receiving up to five shillings a week. These complementary innovations are widely appreciated.

It is with gratitude that I record my appreciation of the devoted assistance so willingly given by all members of the hospital staff in their several departments, and of the support and encouragement I have received from the President and Members of the Public Health Committee who are ever mindful of the patients in their care.

JOHN WISHART,
B.A., M.B., B.S., M.R.C.S., L.R.C.P., D.P.M.,
Medical Superintendent.

ST. SAVIOUR'S HOSPITAL
STATEMENT OF AFFAIRS
AND
MAINTENANCE ACCOUNT
to December 31st, 1956.

St. Saviour's Hospital—Statement of Affairs,

	£	s.	d.	£	s.	d.
Hospital Balances 1st January, 1956.						
Amounts due from Parishes	5,681	5	0			
Amounts due from Pensionnaires	2,765	5	3	8,446	10	3
Treasurer of the States of Jersey.						
Expenditure on the following Votes:—						
Rentals, Queen's Farm and Land	279	0	0			
Salaries and Wages	41,510	5	3			
Pensions	862	8	8			
Upkeep of Buildings	2,532	7	3			
Maintenance and Supplies	36,219	9	1	81,403	10	3
				£89,850	0	6

Year ended 31st December, 1956.

	£	s.	d.	£	s.	d.
TREASURER OF THE STATES OF JERSEY.						
Receipts on the following Estimates during the year to date.						
PENSIONS	8,426	15	5			
SUNDRIES	1,648	7	11			
PARISHES...	22,615	2	6			
				32,690	5	10
MAINTENANCE, APPROPRIATION AND FARM ACCOUNTS.						
Nett Cost Twelve Months to date.						
MAINTENANCE	46,328	9	9			
APPROPRIATION	3,642	8	5			
	49,970	18	2			
FARM, deduct Credit ...	1,099	1	3			
				48,871	16	11
HOSPITAL BALANCES AT 31st DECEMBER, 1956.						
AMOUNTS DUE FROM PARISHES...	5,758	2	6			
NETT AMOUNTS DUE FROM PENSIONNAIRES	2,529	15	3			
				8,287	17	9
				£89,850	0	6

St. Saviour's Hospital—Maintenance Account

	£	s.	d.	£	s.	d.
TO ORDINARY EXPENDITURE.						
1. PROVISIONS	20,109	12	8	20,109	12	8
2. SURGERY & DISPENSARY.						
Drugs, Chemicals and Disinfectants	1,149	13	2	1,149	13	2
3. DOMESTIC.						
Furniture and Fixtures, Renewal and Repairs	625	10	8			
Patients Clothing ...	2,033	8	3			
Bedding and Drapery.	821	9	0			
Rent, Light, Heat, Power, Insurance, etc.	9,770	15	0			
Uniforms, Staff ...	254	12	7			
Occupational Therapy	726	5	4			
				14,232	0	10
4. SALARIES AND WAGES, AND PENSIONS.						
Other Officers and Employees	35,327	17	10			
Pensions to Retired Employees	862	8	8			
Medical and Dental Treatment of Patients	1,577	7	2			
				37,767	13	8
5. MISCELLANEOUS.						
General and Miscellaneous Expenses ...	943	18	7			
Travelling Expenses...	482	17	10			
Maintenance Allowances	244	18	8			
Newspapers, Periodicals and Press Notices	146	16	7			
Funerals, Inmates ...	15	19	0			
				1,834	10	8
Carried forward......				£75,093	11	0

Year ended 31st December, 1956.

		£	s.	d.	£	s.	d.
By Income.							
Charges to In-Patients and Parishes … …		30,883	5	5			
By Balance, being the Nett Cost of the Institution to date (maintenance of patients only), carried to Statement of Affairs.		46,328	9	9			
Statistics for Unit of Cost.							
Number of Days in Period …	366						
Number of Paying Patient Days …	77,425						
Number of Non-paying Patient Days … …	13,744						
Average Cost per patient per day.	16/11.268d.						
Average Receipt per paying patient per day …	7/11.731d.						
Carried forward……					£77,211	15	2

	£	.	d.	£	s.	d.
Brought forward......				75,093	11	0
6. ADMINISTRATION.						
Medical Superintendent...	1,680	0	0			
Postages, Telegrams and Telephones ...	167	0	1			
Books and Stationery..	164	11	1	2,011	11	2
7. ESTABLISMENT.						
Chaplain	100	0	0			
Carriage, Freights and Wharfage	6	13	0	106	13	0
				£77,211	15	2

APPROPRIATION ACCOUNT.

	£	s.	d.	£	s.	d.
To EXTRAORDINARY EXPENDITURE.						
Repairs and Upkeep of Buildings	3,617	14	2			
Roads, Avenues and Gardens, Upkeep ...	24	14	3	£3,642	8	5

FARM ACCOUNT.

	£	s.	d.	£	s.	d.
To GENERAL EXPENSES, Labour, Forage, etc.	4,686	5	4			
To BALANCE, being Excess of Income over Expenditure	1,099	1	3	£5,785	6	7

Maintenance Account—(*continued*).

	£	£	s.	d.
Brought forward......		77,211	15	2
		£77,211	15	2

APPROPRIATION ACCOUNT.

	£	s.	d.	£	s.	d.
By Balance, carried to Statement of Affairs	3,642	8	5			
				£3,642	8	5

FARM ACCOUNT.

	£	s.	d.	£	s.	d.
By Sales, Live Stock, etc. ...	1,429	15	6			
By Supplies to the Institution: Milk, Vegetables, Potatoes, etc....	4,355	11	1			
				£5,785	6	7

THE JERSEY MATERNITY HOSPITAL.

During the year 1956, the total number of women delivered at the Jersey Maternity Hospital was 678 and the number of booked cases was 254. These figures compare with 604 and 200 respectively for 1955. Details of the cases dealt with are as follows :

	1956		1955
Number of deliveries with medical aid	56	...	53
Do. forceps...	78	...	65
Do. by doctors	240	...	190
Do. by midwives ...	399	...	389
Do. by Cæsarean Section	39	...	25

In addition, there were 9 cases of delivery at home before the arrival of the midwife.

Total number of live births—

	1956			1955	
Boys ...	367		Boys ...	287	
Girls ...	313	680	Girls ...	325	612

(including 9 sets of twins)
(*a*) 3 sets—males
(*b*) 1 set —females
(*c*) 5 sets—1 male and 1 female

(including 11 sets of twins)
(*a*) 1 set—males
(*b*) 8 sets—females
(*c*) 2 sets—1 male and 1 female

The heaviest boy weighed 11-lb. 10-oz. and the lightest 3-lb. 2-oz.

The heaviest girl weighed 9-lb. 10-oz. and the lightest 2-lb. 5-oz.

The number of stillbirths was 15, due to the following causes and, in addition, there was 1 abortion :—

(*a*) Macerated fœtus	4 Males and 1 Female
(*b*) Placental insufficiency	2 Males
(*c*) Prolapsed cord	1 Male
(*d*) Strangulation by cord	1 Male
(*e*) Hydrops Fœtalis	1 Male
(*f*) Ante-partum hæmorrhage	2 Males
(*g*) Pre-eclamptic toxæmia	1 Male
(*h*) Anencephalic	2 Females

There was 1 maternal death due to shock followed by coma.

The number of Neo-natal deaths was 8, due to the following causes :—

1 Male Prematurity due to untreated pre-eclamptic toxæmia.
1 Female gross fœtal abnormality.
1 Male Intercranial hæmorrhage.
3 Males Prematurity.
1 Male Congenital atelectasis and pneumonia.
1 Female Anencephalic.

In addition, 74 circumcisions were performed at the hospital and 142 operations for rupture of membranes.

Attendances at the Out-Patient Department were :

1956	1955
1,066	968

SANDYBROOK HOSPITAL.

I have the honour to submit my report on Sandybrook Hospital for the year 1956.

It has been a comparatively quiet and uneventful year although there have been some very welcome innovations.

A "Travelling shop" was introduced, and organised by Mrs. Gardner assisted by ladies from the Women's Institute, to whom we are all very grateful—this has been a most useful addition to the amenities of the hospital.

A most welcome—and albeit—useful addition has been the installation of television. The pleasure it is giving to the old ladies is indescribable—the long weary winter evenings have been almost welcomed.

Patients are now encouraged to go out—when able—by themselves, and others are taken out by their relatives once every week—they feel less cut off from the world, and it has helped to foster a more contented atmosphere, and given them another interest in life.

A long needed want has been met by the appointment of Miss Campbell as Physiotherapist, and there are most gratifying results from her work.

A most successful and enjoyable concert was given at Christmas by the nursing staff, and again Mr. Burgess was good enough to provide an evening of conjuring.

It is pleasing to note in the following statistics the marked decrease in the number of deaths during

1956. I attribute this, in large measure, to the happier and more placid atmosphere permeating Sandybrook.

The average age at death—viz. 84 11/12—is most gratifying :—

	1956	1955
No. of patients at beginning of year	89	88
,, ,, ,, admitted during year	30	30
,, ,, ,, in at end of year	88	89
Average daily resident	85	87
Number discharged (not including deceased).	17	—
,, deceased	14	20
Average age of deceased	84.11	80.9 yrs.

J. OLIVER CLYDE,
Visiting Physician.

SANDYBROOK ANNEXE.

STATISTICAL TABLES.

STATISTICS FOR THE YEAR TO 31st DECEMBER, 1956.

Number of Inmates at the beginning of the Year	89
Number of Inmates admitted during the Year...	30
Number of Inmates at the end of the Year	88
Average Number of Inmates resident daily throughout the Year	86

ANNUAL EXPENDITURE ON INMATES AND AVERAGE COST OF EACH INMATE PER WEEK.

	Expenditure on Inmates.		Average Cost of each Inmate per week.		
	£		£	s.	d.
Provisions	5,997	...	1	6	8
Surgery and Dispensary	1,099	...		4	11
Domestic	5,428	...	1	4	2
Salaries and Wages	17,016	...	3	15	8
Miscellaneous	169	...			9
Administration	195	...			10
Establishment Renewals and Repairs	1,441	...		6	5
Total Cost...	31,345		6	19	5

AMBULANCE SERVICE.

During 1956, the St. John Ambulance Service in Jersey covered 26,041 miles, and dealt with 3,417 cases. The number of cases is an increase of 213 on the previous year. Distance covered is down by 1,188 miles on 1955, owing to the fact that, during the last two months of the year, the Hospital Car Service came into operation.

The number of people injured in road accidents increased by 63, from 140 in 1955 to 203 in 1956. The number of people injured in vehicular accidents rose by 29 to 66, with accidents involving pedestrians also rising by 29 to 54.

The number of persons injured in motor cycle accidents increased by 9 to 59, 23 of them involving motors or lorries. People injured in pedal cycle accidents dropped by 4 to 24.

Other accidents dealt with and not mentioned in categories include minor collapses, epileptic fits, accidents in the home, on the beaches or on the playing fields.

Under the Hospital Car Service, owners of private cars take regular patients to the Hospital for X-ray and therapy. It is entirely a voluntary service.

The detailed statement for 1956, compared with that of the previous year, is as follows :—

Service.	1956	1955
General	1,629	1,633
Maternity	50	68
Accidents	471	509
X-Ray	272	271
Fever	14	16
Special Treatment	809	533
Mortuary	93	81
Patients by Air	54	61
Patients by Steamer	25	32
	3,417	3,204

ROAD ACCIDENTS.

	1956	1955
Motor vehicles	66	37
Motor Cycles	59	50
Bicycles	24	28
Pedestrians	54	25
	203	140

The number of Night calls (9.45 p.m.—7 a.m.) dealt with in 1956 totalled 237.

A total of 1,716 gallons of petrol and 56 quarts of oil were consumed by the vehicles on service.

H. F. STEPHENS,
Deputy Commissioner.